



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 119553		2. Exact name of the Corporation J. Taggart Enterprises, Inc.		
3. Principal office address 2 Williams Street		City Providence	State RI	Zip 02903
4. Business Phone No. 401-331-2222		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To own and operate an automobile towing service company				
7. OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Jonathan P. Taggart		Vice-President Name N/A		
Street Address 1970 East Main Road		Street Address		
City Portsmouth	State RI	Zip 02871	City	State Zip
Secretary Name Jonathan P. Taggart		Treasurer Name Jonathan P. Taggart		
Street Address Same		Street Address Same		
City	State	Zip	City	State Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name N/A		Director Name N/A		
Street Address		Street Address		
City	State	Zip	City	State Zip
Director Name N/A		Director Name N/A		
Street Address		Street Address		
City	State	Zip	City	State Zip
9. SHARES AUTHORIZED				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
100		Common		.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
Check No. _____
By _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

Date

Jonathan P. Taggart
Print or Type Name of Authorized Representative

FILED
JAN 24 2013
188338

2/1/13
1:07 PM
1-23