



**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 2016**

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. <b>119553</b>		2. Exact name of the Corporation <b>J. Taggart Enterprises, Inc.</b>			
3. Principal office address <b>2 Williams Street</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02903</b>
4. Business Phone No. <b>401-331-2222</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>To own and operate an automobile towing service company</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input checked="" type="checkbox"/>					
President Name <b>Jonathan P. Taggart</b>			Vice-President Name <b>N/A</b>		
Street Address <b>1970 East Main Road</b>			Street Address		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City	State	Zip
Secretary Name <b>Jonathan P. Taggart</b>			Treasurer Name <b>Jonathan P. Taggart</b>		
Street Address <b>Same</b>			Street Address <b>1970 East Main Road</b>		
City	State	Zip	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>		
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.			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:

**FILED**

FOR SECRETARY OF STATE USE ONLY

**FEB 12 2016**

Form No. 630  
Revised: 01/2012

By: 267559

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

Print or Type Name of Authorized Representative

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