



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 SECRETARY OF STATE
 CORPORATIONS DIV

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1. Entity ID Number 000119553		2. Exact name of the Corporation J. Taggart Enterprises, Inc.												
3. Principal Office Address 2 Williams Street			City Providence	State RI	Zip 02903									
4. NAICS Code 488410		6. Brief description of the character of business conducted in Rhode Island Town and operate an automobile towing service company												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an 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) Check the box to indicate an 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 Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	.01			
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100	Common	.01												
11. 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.														
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.														
Name of Authorized Representative Jonathan Taggart				Date 1/13/20										
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED										

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.n.gov

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FORM 630 - Revised: 10/2017