



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAY 07 2024

BY

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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 TO OWN AND OPERATE AN AUTOMOBILE TOWING SERVICE COMPANY			
5. State of Incorporation RI					
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 1970 EAST MAIN ROAD			Street Address 1970 EAST MAIN ROAD		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
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"/>		
			NUMBER OF SHARES		CLASS/SERIES
			100		COMMON
					PAR VALUE .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 P. TAGGART					Date 04/18/24
Signature of Authorized Representative					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov