



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                    |              |                                             |                                                                     |              |              |
|------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------|---------------------------------------------------------------------|--------------|--------------|
| 1. Corporate ID No.<br>8977                                                                                                        |              | 2. Name of Corporation<br>TASCO CORPORATION |                                                                     |              |              |
| 3. Street Address Principal Business Office<br>36 TRIPP'S LANE                                                                     |              |                                             | City<br>EAST PROVIDENCE                                             | State<br>RI  | Zip<br>02914 |
| 4. Business Phone No.<br>401-438-9200                                                                                              |              | 5. State of Incorporation<br>RHODE ISLAND   |                                                                     |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>MANUFACTURING OF PLASTIC PRODUCTS                   |              |                                             |                                                                     |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |                                             |                                                                     |              |              |
| President Name<br>SEAN T. SCANLON                                                                                                  |              |                                             | Vice President Name                                                 |              |              |
| Street Address<br>169 SUMTER ST                                                                                                    |              |                                             | Street Address                                                      |              |              |
| City<br>PROVIDENCE                                                                                                                 | State<br>RI  | Zip<br>02907                                | City                                                                | State        | Zip          |
| Secretary Name                                                                                                                     |              |                                             | Treasurer Name                                                      |              |              |
| Street Address                                                                                                                     |              |                                             | Street Address                                                      |              |              |
| City                                                                                                                               | State        | Zip                                         | City                                                                | State        | Zip          |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |                                             |                                                                     |              |              |
| Director Name<br>SEAN T. SCANLON                                                                                                   |              |                                             | Director Name                                                       |              |              |
| Street Address<br>169 SUMTER ST                                                                                                    |              |                                             | Street Address                                                      |              |              |
| City<br>PROVIDENCE                                                                                                                 | State<br>RI  | Zip<br>02888                                | City                                                                | State        | Zip          |
| Director Name                                                                                                                      |              |                                             | Director Name                                                       |              |              |
| Street Address                                                                                                                     |              |                                             | Street Address                                                      |              |              |
| City                                                                                                                               | State        | Zip                                         | City                                                                | State        | Zip          |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                             |              |                                             | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |              |
| AUTHORIZED SHARES                                                                                                                  |              |                                             | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |              |              |
| Number of Shares                                                                                                                   | Class/Series | Par Value                                   | Number of Shares                                                    | Class/Series | Par Value    |
| 2,000 COMM NO PAR VALUE                                                                                                            |              |                                             | 1,100                                                               | COMMON       | NO PAR VALUE |
|                                                                                                                                    |              |                                             | THIS SECTION MUST BE COMPLETED                                      |              |              |

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                       | FILED       |
| Check No.                       | MAR 06 2008 |
| By:                             | DS 23107    |
| 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: Sean T. Scanlon Date: 3/4/08  
SEAN T. SCANLON  
Print or Type Name  
PRESIDENT  
Title