



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

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

1. Entity ID Number 8992		2. Exact name of the Corporation TASE-RITE CO., INC.			
3. Principal Office Address 1211 Kingstown Road			City Peace Dale	State RI	Zip 02879
4. NAICS Code 42 - Wholesale Trade; 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Food supplies			
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 Wesley C. Lessard			Vice-President Name Gary W. Lessard		
Street Address 1211 Kingstown Road			Street Address 1211 Kingstown Road		
City Peace Dale	State RI	Zip 02879	City Peace Dale	State RI	Zip 02879
Secretary Name Patricia A. Lessard			Treasurer Name Patricia A. Lessard		
Street Address 1211 Kingstown Road			Street Address 1211 Kingstown Road		
City Peace Dale	State RI	Zip 02879	City Peace Dale	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			common		
			no par value		
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 Wesley C. Lessard			Date 3-13-17 , 2017		
Signature of Authorized Representative <i>Wesley C. Lessard</i>			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.ri.gov

By 2028
 MAR 23 2017
 FORM 530 Revised 10/2016