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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 2018

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. 24327		2. Exact name of the Corporation Jeta Realty, Inc.			
3. Principal office address 600 Pontiac Avenue			City Cranston	State RI	Zip 02910
4. Business Phone No. 401-421-0289		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Real Estate S31120					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name Michael Tasca			Vice-President Name Susan M. Tasca		
Street Address 44 Regal Way			Street Address 44 Regal Way		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Susan M. Tasca			Treasurer Name Michael Tasca		
Street Address 44 Regal Way			Street Address 44 Regal Way		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name			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 (X) BOX FOR ATTACHMENT <input checked="" 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	No Par

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: _____
 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.

Michael P. Tasca
 Authorized Representative Date **2-7-18**

Michael P. Tasca

Name of Authorized Representative

Form No. 630
Revised: 01/2012

FILED
APR 16 2018
 BY 24902 *[Signature]*