



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

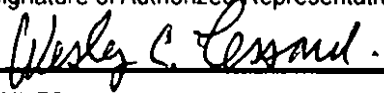
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

SOS.DIP

MAR 04 2019

BY 12725 LD

1. Entity ID Number 8992		2. Exact name of the Corporation TASE-RITE CO., INC.			
3. Principal Office Address 1211 Kingstown Road			City Peacedale	State RI	Zip 02879
4. NAICS Code 445291		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 Peacedale	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 Peacedale	State RI	Zip 02879	City Peacedale	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
			300	common	no par
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 2/27 , 2019	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov