



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

FEB 20 2020

Annual Report for the year: **2020**
 Corporation

74 26007

- 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 24327		2. Exact name of the Corporation JETA REALTY, INC.			
3. Principal Office Address 600 PONTIAC AVENUE			City CRANSTON	State RI	Zip 02910
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
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 MICHAEL P. 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 P. 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) Check the box to indicate an 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 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
			100	COMMON	NONE
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 MICHAEL P. TASCA <i>Michael P. Tasca</i>				Date 2-1-20	
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