



State of Rhode Island

Department of State - Business Services Division

Registration of Limited Liability Partnership**DOMESTIC Limited Liability Partnership**

→ Filing Fee: \$150.00

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 R.I. DEPT. OF STATE
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The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12-56, do execute the following Registration of Limited Liability Partnership:

1. The name of the limited liability partnership is:		
Bocada Enterprises, LLP		
2. The address of the principal office is:		
Street Address 33 Sharpe Drive		
City/Town Cranston	State RI	Zip Code 02920
3. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/office in Rhode Island is:		
Agent Name James P. Redding, Esq.		
Street Address (NOT a P.O. Box) 27 Sakonnet Point Road		
City/Town Little Compton	State RHODE ISLAND	Zip Code 02837
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Robert F. Tasca, Jr.	33 Sharpe Drive Cranston, RI 02920	
Carl A. Tasca	33 Sharpe Drive Cranston, RI 02920	
David J. Tasca	33 Sharpe Drive Cranston, RI 02920	
Check this box to indicate an attachment <input type="checkbox"/>		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 500 - Revised: 08/2020

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5. List the place where the business records of the partnership are maintained; or, if more than one location for business records is maintained, list the principal place of business of the partnership:

Street Address

33 Sharpe Drive

City/Town

Cranston

State

RI

Zip Code

02920

6. A brief statement of the business in which the partnership is engaged in:

REAL ESTATE INVESTMENT

7. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

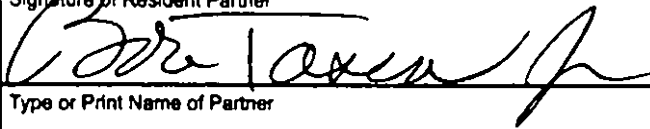
Type or Print Name of Partner

Robert F. Tasca, Jr.

Date

01/19/2021

Signature of Resident Partner



Type or Print Name of Partner

Date

Signature of Resident Partner

Type or Print Name of Partner

Date

Signature of Resident Partner



State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

January 21, 2021 12:38 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

