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State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: Corporation

STALL

$\rightarrow$	Filing	neriod:	January	1	- March	1
	1 1111114	period.	January		- IVIAICII	

→ Filing Fee: \$50.00

Entity ID Number	2. Exact nan	2. Exact name of the Corporation								
24327	JETA REAI	JETA REALTY, INC								
3. Principal Office Address	<b>.</b>		City		State	Zip				
600 PONTIAC AVENUE	CRANSTO	N	RI	02921						
4. NAICS Code	6. Brief desc	ription of the chara	er of business conducted in Rhode Island							
531210										
5. State of Incorporation				22						
RHODE ISLAND	1					R.I 2021				
7. List ALL officers (names a	nd addresses)		<del></del>		Check the box to ind	licate an attaenment				
President Name MICHAEL P.	Vice-President Name SUSAN M. TASCA									
Street Address 44 REGAL W	Street Address 44 REGAL WAY  City CRANSTON  State RI  Zip 23921									
City CRANSTON	State RI	Zip <sub>02921</sub>	City CRANS	City CRANSTON		2ip 22921				
Secretary Name SUSAN M. T.		Treasurer Name MICHAEL P. TASCA								
Street Address 44 REGAL W/	Street Address 44 REGAL WAY									
City CRANSTON	State RI	<sup>Zip</sup> 02921	City CRANSTON		State RI	Zip 02921				
8. List ALL directors (names	and addresses)	<del> l</del>			Check the box to inc	licate an attachment				
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 Is	10. Shares Issued		Check the box to indicate an attachment					
This information is currently on Department of State.	of record in the	NUMBER (	OF SHARES	CL	ASS/SERIES	PAR VALUE				
·	100	100		10N	NONE					
Changes require an additional					<del></del>					
11. This report must be exec	uted on behalf of the	corporation by an	authorized rear	sontative If the	an angrasation in in th	a handa of a consider				
<u>trustee, this report must be e</u>	xecuted on behalf o	f the corporation by	the receiver or t	rustee						
Under penalty of perjury, I	declare and affirm	that I have examir	ned this report, i	including an	y accompanying sch	nedules and				
<u>statements, and that all sta</u> Name of Authorized Represe	itements contained Intalive	l herein are true a	nd correct.		Date					
MICHAEL P. TASCA					Late 6	.2.21				
Signature of Authorized Repo		<u></u>			<del></del>	<del>- /</del> .				
milas /	Tara	5	gii er	ì						
IAIL TO:			FILEL	<del>}</del>						

**Division of Business Services** 

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Phone: (401) 222-3040 Website: www.sos.ri.gov

