



State of Rhode Island  
Department of State - Business Services Division

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

2023 JAN -9 PM 2:34P

→ Filing Fee: \$50.00

The undersigned, desiring to renew, a 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. Entity ID Number: <b>001718085</b>		2. The name of the partnership is: <b>BOCADA ENTERPRISES, LLP</b>	
3. The address of the principal office is:			
Street Address <b>33 SHARPE DRIVE</b>			
City/Town <b>CRANSTON</b>	State <b>RI</b>	Zip Code <b>02920</b>	
4. 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 <b>JAMES P. REDDING</b>			
Street Address (NOT a P.O. Box) <b>27 SAKONNET POINT ROAD</b>			
City/Town <b>LITTLE COMPTON</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02837</b>	
5. 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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6. 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
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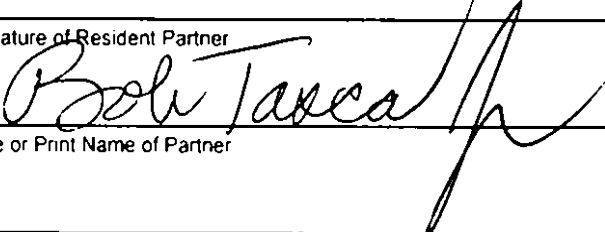
7. A brief statement of the business in which the partnership is engaged in:

REAL ESTATE INVESTMENT

8. 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 T. TASCA, JR.	Date 1/5/2023
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Signature of Resident Partner 	
Type or Print Name of Partner	Date

Signature of Resident Partner	
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Type or Print Name of Partner	Date
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Signature of Resident Partner	
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State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, 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 09, 2023 02:34 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive.

Gregg M. Amore  
*Secretary of State*

