



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

Renewal of Registration of Limited Liability Partnership

2023 JAN -9 PM 2:34P

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

NON
PROPRIETARY STATE
DOCUMENT

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: 001718085		2. The name of the partnership is: BOCADA ENTERPRISES, LLP	
3. The address of the principal office is:			
Street Address 33 SHARPE DRIVE			
City/Town CRANSTON		State RI	Zip Code 02920
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 JAMES P. REDDING			
Street Address (NOT a P.O. Box) 27 SAKONNET POINT ROAD			
City/Town LITTLE COMPTON		State RHODE ISLAND	Zip Code 02837
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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FORM 500A - Revised 08/2021

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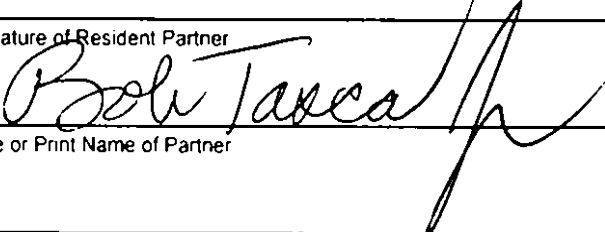
7. A brief statement of the business in which the partnership is engaged in:

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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