



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 04 2024

20981

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 MICHAEL P. TASCA			Treasurer 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
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 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				Date 2-15-24	
Signature of Authorized Representative <i>Michael P. Tasca</i>					

MAIL TO:

Division of Business Services

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