



**State of Rhode Island**  
**Department of State - Business Services Division**

Annual Report for the year: 2024

Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

**FILED**

**MAY 14 2024**

BY

*Handwritten signature: MIP DS*

1. Entity ID Number 001717484		2. Exact name of the Limited Liability Company Bocada 47 Stamp Farm, LLC		
3. NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island Ownership of real property		
5. State of Formation Rhode Island				
6. Principal Office Address 33 Sharpe Drive		City Cranston	State RI	Zip 02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name David J. Tasca, Jr.		Contact Title		
Street Address 1300 Pontiac Avenue		City Cranston	State RI	Zip 02920
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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 Person James P. Redding			Date 5/13/2024	
Signature of Authorized Person /s/ James P. Redding				

**MAIL TO:**

**Division of Business Services**

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