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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED	STAMP
MAY 14 2024) \(\(\)
BY	110 5

Entity ID Number	2. Exact name of the Lim	2. Exact name of the Limited Liability Company			
001685063	Bocada Hartford Avenu	Bocada Hartford Avenue, LLC			
3. NAICS Code	4. Brief description of the	4. Brief description of the character of business conducted in Rhode Island			
531120	Real estate	Real estate			
5. State of Formation					
Rhode Island					
6. Principal Office Address		City	State	Zip	
1300 Pontiac Avenue		Cranston	RI	02920	
7. Mailing Address of Limi	ted Liability Company and Name	or Title of Contact Person			
Contact Name David J. Tasca, Jr.		Contact Title			
Street Address 1300 Pontiac Avenue		City	State RI	Zip 02920	
8. The Resident Agent inf	ormation currently of record with	the RI Department of State is ac	curate. Changes requir	re filing Form 642.	
9. Under penalty of peri	ury, I declare and affirm that I I statements contained herein a	nave examined this report, incl	uding any accompan	ying schedules and	
Name of Authorized Person		Date			
Name of Authorized Pers	James P. Redding		5/13/2024		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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