



State of Rhode Island  
Department of State - Business Services Division

FILED

STATE

Annual Report for the year: 2024

MAY 14 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.

BY 17110  
DS

1. Entity ID Number 000008949		2. Exact name of the Corporation Tasca Enterprises, Inc.				
3. Principal Office Address 24 High View Drive			City Scituate	State RI	Zip 02831	
4. NAICS Code 523999		6. Brief description of the character of business conducted in Rhode Island Investments				
5. State of Incorporation Rhode Island						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment	
President Name Robert F. Tasca		Vice-President Name David J. Tasca				
Street Address 24 High View Drive		Street Address 24 High View Drive				
City Scituate	State RI	Zip 02831	City Scituate	State RI	Zip 02831	
Secretary Name Carl A. Tasca		Treasurer Name Carl A. Tasca				
Street Address 24 High View Drive		Street Address 24 High View Drive				
City Scituate	State RI	Zip 02831	City Scituate	State RI	Zip 02831	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment	
Director Name Robert F. Tasca		Director Name David J. Tasca				
Street Address 24 High View Drive		Street Address 24 High View Drive				
City Scituate	State RI	Zip 02831	City Scituate	State RI	Zip 02831	
Director Name Carl A. Tasca		Director Name				
Street Address 24 High View Drive		Street Address				
City Scituate	State RI	Zip 02831	City	State	Zip	
9. Shares Authorized		10. Shares Issued			Check the box to indicate an attachment	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SHARES		PAR VALUE
		Authorized: 10,000.00		CWP		\$1.0000
		Issued & outstanding: 100				
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.						
<b>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.</b>						
Name of Authorized Representative James P. Redding					Date 5/13/2024	
Signature of Authorized Representative  /s/ James P. Redding						

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov