



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Corporation

2022

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

| | | | | | |
|---|--------------------|--|---------------------|-----------------------|--|
| 1. Entity ID Number 000009016 | | 2. Exact name of the Corporation TASTEX CORPORATION | | | |
| 3. Principal Office Address 123 ALLEN Drive | | City EAST GREENWICH | | State RI | Zip 02818 |
| 4. NAICS Code 999999 | | 6. Brief description of the character of business conducted in Rhode Island BUYER + SELLER OF YARN | | | |
| 5. State of Incorporation RI. | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name DAVIA V. GOLOSTEIN | | | Vice-President Name | | |
| Street Address 123 Allen Drive | | | Street Address | | |
| City EAST GREENWICH | State RI | Zip 02818 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name DAVIA V. GOLOSTEIN | | | Director Name | | |
| Street Address 123 Allen Drive | | | Street Address | | |
| City EAST GREENWICH | State RI | Zip 02818 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | PAR VALUE | |
| | | 3075 | | 1.00 | |
| 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 | | | | Date 3/3/22 | |
| Signature of Authorized Representative | | | | FILED | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAR 03 2022