



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

**FILED**

STATE

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.

MAY 14 2024  
BY 17110  
OS

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			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SHARES	
		Authorized: 10,000.00		CWP	
		Issued & outstanding: 100		PAR VALUE	
				\$1.0000	
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  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov