



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 42916		2. Name of Corporation Westlook Development, Inc.			
3. Street Address Principal Business Office P.O. Box 374, 39 Johnson Ln.		City Charleston		State RI	Zip 02813
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Real Estate development, Purchase of Property incidental and Related purposes					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael J. Pagliaro			Vice President Name		
Street Address 45 Briarcliff Dr.			Street Address		
City Westfield	State MA	Zip 02085	City	State	Zip
Secretary Name Stanley Puchalski			Treasurer Name Daniel F. Moran		
Street Address P.O. Box 374, 39 Johnson Ln			Street Address 68 Country Club Rd		
City Charleston	State RI	Zip 02813	City Bolton	State CT	Zip 06043
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael J. Pagliaro			Director Name Daniel F. Moran		
Street Address Same as Above			Street Address Same as Above		
City	State	Zip	City	State	Zip
Director Name Stanley Puchalski			Director Name		
Street Address Same as Above			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 300	Class/Series Common	Par Value NO PAR VALUE

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.

File Date	FILED
Check No.	OCT 28 2010
By:	By 129849 DS
FOR SECRETARY OF STATE USE ONLY	

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.

Signature **Michael J. Pagliaro** Date **10-27-10**
Print or Type Name **Michael J. Pagliaro**
Title **President**