



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 5020		2. Name of Corporation COWESETT INN, INC.		
3. Street Address Principal Business Office 226 COWESETT AVENUE		City WEST WARWICK	State RI	Zip 02893
4. Business Phone No. (401) 828-4726		5. State of Incorporation RHODE ISLAND		
6. SIC Code 3079				
7. Brief Description of the Character of Business Conducted in Rhode Island FULL SERVICE RESTAURANT AND TAVERN				
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)				
President Name HERMAN A. PAOLUCCI		Vice President Name JAMES H. PAOLUCCI		
Street Address 22 NEW ROAD		Street Address 6 MARTINGALE AVENUE		
City EXETER	State RI	City WARWICK	State RI	Zip 02886
Secretary Name YOLANDA J. PAOLUCCI		Treasurer Name HERMAN A. PAOLUCCI		
Street Address 22 NEW ROAD		Street Address 22 NEW ROAD		
City EXETER	State RI	City EXETER	State RI	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)				
Director Name HERMAN A. PAOLUCCI		Director Name LOUIS D'ABROSCA		
Street Address 22 NEW ROAD		Street Address 8 ADELAIDE AVENUE		
City EXETER	State RI	City WARWICK	State RI	Zip 02886
Director Name		Director Name		
Street Address		Street Address		
City	State	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value		
2,000 SHS NO PAR VALUE				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value		
2,000	COMMON	W/OUT		

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 5-18-98
Check No.: 4733
By: AMF
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 of Officer JAMES H. PAOLUCCI Date 5-18-98
Print or Type Name of Officer
VICE PRESIDENT
Title of Officer