



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 123986		2. Exact name of the Corporation FBK Westwood, INC.	
3. Principal office address 24 Water St. PO Box 7		City Block Island	State RI
4. Business Phone No. 401 466-2703		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island Restaurant Business			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Frank N Nicastro		Vice-President Name Betty Jean Kelly-Nicastro	
Street Address PO Box 7 1574 Beacon Hill Lane		Street Address PO Box 7 1574 Beacon Hill Lane	
City Block Island	State RI	City Block Island	State RI
Secretary Name Betty-Jean Kelly-Nicastro		Treasurer Name Frank N. Nicastro	
Street Address PO Box 7 1574 Beacon Hill Lane		Street Address PO Box 7 1574 Beacon Hill Lane	
City RI	State RI	City Block Island	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name none		Director Name none	
Street Address		Street Address	
City	State	City	State
Director Name none		Director Name none	
Street Address		Street Address	
City	State	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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.		NUMBER OF SHARES	CLASS/SERIES
		1,000	none
		PAR VALUE	none

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 _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 18 2013

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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.

Betty Jean Kelly-Nicastro Jan, 16, 2013
Signature of Authorized Representative Date

Betty-Jean Kelly-Nicastro
Print or Type Name of Authorized Representative