



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

MAR 02 2018

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 218500

1. Entity ID Number 966897		2. Exact name of the Corporation Westcott House Family Restaurant and Lounge, Inc.			
3. Principal Office Address 1650 Nooseneck Hill Road			City Coventry	State RI	Zip 02816
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Azverde			Vice-President Name David Azverde		
Street Address 1650 Nooseneck Hill Road			Street Address 1650 Nooseneck Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name David Azverde			Treasurer Name David Azverde		
Street Address 1650 Nooseneck Hill Road			Street Address 1650 Nooseneck Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Azverde			Director Name		
Street Address 1650 Nooseneck Hill Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			1000	Common	No Par
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. <i>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.</i>					
Name of Authorized Representative David Azverde, President				Date 2/26/2018	
Signature of Authorized Representative			<i>David Azverde</i>		

MAIL TO:
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