


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

FILED

MAR 22 2018

19345

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.

| 1. Entity ID Number 000017243 | | 2. Exact name of the Corporation Westcott Baking Company, Inc. | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|------------------|--------------|-----------|-----|----------------|--------------|-----|----------------|--------------|
| 3. Principal Office Address 30 Newell Street | | | City West Warwick | State RI | Zip 02893 | | | | | | | | | |
| 4. NAICS Code 423990 | | 6. Brief description of the character of business conducted in Rhode Island wholesale and retail bakery | | | | | | | | | | | | |
| 5. State of Incorporation Rhode Island | | | | | | | | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| President Name Michael J. Pinga | | | Vice-President Name Michael J. Pinga | | | | | | | | | | | |
| Street Address 30 Newell Street | | | Street Address 30 Newell Street | | | | | | | | | | | |
| City West Warwick | State RI | Zip 02893 | City West Warwick | State RI | Zip 02893 | | | | | | | | | |
| Secretary Name Michael J. Pinga | | | Treasurer Name Michael J. Pinga | | | | | | | | | | | |
| Street Address 30 Newell Street | | | Street Address 30 Newell Street | | | | | | | | | | | |
| City West Warwick | State RI | Zip 02893 | City West Warwick | State RI | Zip 02893 | | | | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| Director Name Michael J. Pinga | | | Director Name | | | | | | | | | | | |
| Street Address 30 Newell Street | | | Street Address | | | | | | | | | | | |
| City West Warwick | State RI | Zip 02893 | City | State | Zip | | | | | | | | | |
| Director Name | | | Director Name | | | | | | | | | | | |
| Street Address | | | Street Address | | | | | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | | | | | |
| 9. Shares Authorized 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. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | |
| | | | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Class A Common</td> <td>No Par Value</td> </tr> <tr> <td>900</td> <td>Class B Common</td> <td>No Par Value</td> </tr> </tbody> </table> | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 100 | Class A Common | No Par Value | 900 | Class B Common | No Par Value |
| | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | | | | | | | | | |
| 100 | Class A Common | No Par Value | | | | | | | | | | | | |
| 900 | Class B Common | No Par Value | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 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 Michael J. Pinga | | | | | Date 3-14-18 | | | | | | | | | |
| Signature of Authorized Representative Michael J. Pinga | | | | | | | | | | | | | | |

MAIL TO:
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