



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP
FILED

FEB 27 2019

BY 34601 DS

1. Entity ID Number 93822		2. Exact name of the Corporation Westcott Development, Inc.		BY <u>34601 DS</u>							
3. Principal Office Address 140 Reservoir Avenue			City Providence	State RI	Zip 02907						
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island General real estate.									
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 Donald S. Smith			Vice-President Name								
Street Address 38 Finglade Drive			Street Address								
City Cranston	State RI	Zip 02920	City	State	Zip						
Secretary Name Douglas H. Smith			Treasurer Name Douglas H. Smith								
Street Address 140 Reservoir Avenue			Street Address 140 Reservoir Avenue								
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Donald S. Smith			Director Name Douglas H. Smith								
Street Address 38 Finglade Drive			Street Address 140 reservoir Avenue								
City Cranston	State RI	Zip 02920	City Providence	State RI	Zip 02907						
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>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	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. 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.											
Name of Authorized Representative Donald S. Smith				Date 02/13/2019							
Signature of Authorized Representative <div style="text-align: center;">SIGN DOCUMENT HERE</div>											

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov