



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.

FILED STAMP

FEB 27 2019

3461 DS

1. Entity ID Number 93822		2. Exact name of the Corporation Westcott Development, Inc.		BY <i>3461 DS</i>	
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					
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"/>		
			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. <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 Donald S. Smith				Date 02/13/2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov