



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

Annual Report for the year: 2020
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
 JAN 13 2020
 BY 3464

1. Entity ID Number 0935822		2. Exact name of the Corporation Westcott Development, Inc.	
3. Principal Office Address 140 Reservoir Avenue		City Providence	State RI
		Zip 02907	
4. NAICS Code 53110	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 Firglade Drive		Street Address	
City Cranston	State RI	Zip 02920	City
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 Firglade 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"/>	
		NUMBER OF SHARES 100	CLASS/SERIES Common
		PAR VALUE 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 1/8/20
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