



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.

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2020 JAN 29 PM 1:41

1. Entity ID Number 000874051		2. Exact name of the Corporation WESTERLY TAX GROUP, INC.			
3. Principal Office Address 36 Potter Hill Road			City Westerly	State RI	Zip 02891
4. NAICS Code 541213		6. Brief description of the character of business conducted in Rhode Island Preparation of tax returns and tax consultant.			
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 Matthew West			Vice-President Name Matthew West		
Street Address 36 Potter Hill Road			Street Address 36 Potter Hill Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name George A. Comolli			Treasurer Name Matthew West		
Street Address 15 Franklin Street			Street Address 36 Potter Hill Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Matthew West			Director Name		
Street Address 36 Potter Hill Road			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
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	0.01
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 Matthew West, President					
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

FILED

JAN 29 2020

BY

DA BMD

A.A.