RI SOS Filing Number: 202033699930 Date: 2/3/2020 4:00:00 PM

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

FILED
FEB 03 2020
BY 15620

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.

1. Entity ID Number	2. Exact name of the Corporation		
99881	**Boucher's Wood River Inn, Inc.**		
3. Principal Office Address	City	State	Zip
1139 Main Street	**Wyoming**	**RI**	**02898**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
722511	**To operate a tavern and restaurant for the purpose of serving food and beverage to the general public.**		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Timothy Boucher**			Vice-President Name **Troy Boucher**		
Street Address **500 Victory Highway**			Street Address **1110 Main Street**		
City **West Greenwich**	State **RI**	Zip **02817**	City **Hope Valley**	State **RI**	Zip **02832**
Secretary Name **Troy Boucher**			Treasurer Name **Timothy Boucher**		
Street Address **1110 Main Street**			Street Address **500 Victory Highway**		
City **Hope Valley**	State **RI**	Zip **02832**	City **West Greenwich**	State **RI**	Zip **02817**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **none**			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**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	Date
Timothy Boucher	X 1·30·20

Signature of Authorized Representative
X Timothy W. Boucher 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

FORM 630 - Revised: 10/2017