



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: **2020**
Corporation

FEB 10 2020

BY

29029 OS

- 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 000005020		2. Exact name of the Corporation Cowesett Inn, Inc.			
3. Principal Office Address 226 Cowesett Avenue			City West Warwick	State RI	Zip 02893
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant			
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 Herman A. Paolucci			Vice-President Name James H. Paolucci		
Street Address 221 Hardig Road			Street Address 6 Martingale Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Yolanda J. Paolucci			Treasurer Name Herman A. Paolucci		
Street Address 221 Hardig Road			Street Address 221 Hardig Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Herman A. Paolucci			Director Name James H. Paolucci		
Street Address 221 Hardig Road			Street Address 6 Martingale Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Yolanda J. Paolucci			Director Name		
Street Address 221 Hardig Road			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/STRIKES		
			PAR VALUE		
			200	Common	No Par Value
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 James H. Paolucci, Vice President				Date Jan. 16, 2020	
Signature of Authorized Representative <i>James H. Paolucci</i>					

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