



SOS Filing Number: 202037148380

Department of State - Business Services Division

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

APR 02 2020

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 616-20

1. Entity ID Number 51439		2. Exact name of the Corporation Westcott House, Inc.	
3. Principal Office Address 49 Providence Street		City West Warwick	State RI
		Zip 02893	
4. NAICS Code 722511	8. Brief description of the character of business conducted in Rhode Island Restaurant		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name David Azverde		Vice-President Name David Azverde	
Street Address 49 Providence Street		Street Address 49 Providence Street	
City West Warwick	State RI	City West Warwick	State RI
Zip 02893		Zip 02893	
Secretary Name David Azverde		Treasurer Name David Azverde	
Street Address 49 Providence Street		Street Address 49 Providence Street	
City West Warwick	State RI	City West Warwick	State RI
Zip 02893		Zip 02893	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name David Azverde		Director Name	
Street Address 49 Providence Street		Street Address	
City West Warwick	State RI	City	State
Zip 02893		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 ☐	
		NUMBER OF SHARES	CLASS/SERIES
		800	CWP
			\$1.00
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 David Azverde, President		Date	
Signature of Authorized Representative 			
SIGN DOCUMENT HERE			

MAIL TO:

Division of Business Services

140 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov