SOS Filing Number: 20[illegible]2660 D[illegible]

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

APR 0 2 2020

BY [illegible]

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
51439	Westcott House, Inc.

3. Principal Office Address	City	State	Zip
49 Providence Street	West Warwick	RI	02893

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722511	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	Zip: 02893	City: West Warwick	State: RI	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	Zip: 02893	City: West Warwick	State: RI	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	Zip: 02893	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. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	600	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	Date
David Azverde, 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

FORM 630 - Revised: 10/2017