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.

FILED
APR 02 2020
BY

1. Entity ID Number	2. Exact name of the Corporation		
000897	Westcott House Family Restaurant and Lounge, Inc.		
3. Principal Office Address	City	State	Zip
1650 Nooseneck Hill Road	Coventry	RI	02816
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: 1650 Nooseneck Hill Road			Street Address: 1650 Nooseneck Hill Road		
City: Coventry	State: RI	Zip: 02816	City: Coventry	State: RI	Zip: 02816
Secretary Name: David Azverde			Treasurer Name: David Azverde		
Street Address: 1650 Nooseneck Hill Road			Street Address: 1650 Nooseneck Hill Road		
City: Coventry	State: RI	Zip: 02816	City: Coventry	State: RI	Zip: 02816

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

Director Name: David Azverde			Director Name		
Street Address: 1650 Nooseneck Hill Road			Street Address		
City: Coventry	State: RI	Zip: 02816	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 OF S	PAR VALUE
1,000	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: David Azverde, President — Date:

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