

FILED

State of Rhode Island

Department of State - Business Services Division**Annual Report for the year: 2021
Corporation**

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

JAN 21 2021
 BY 15114
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1. Entity ID Number 99881		2. Exact name of the Corporation Boucher's Wood River Inn, Inc.			
3. Principal Office Address 1139 Main Street			City Wyoming	State RI	Zip 02898
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island 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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			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 Timothy Boucher			Date X 1-16-21		
Signature of Authorized Representative X <u>Timothy W. Boucher</u>					

MAIL TO:
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 Website: www.sos.ri.gov