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.

FILED
S. F.
JAN 27 2021
BY RM3
DS

1. Entity ID Number	2. Exact name of the Corporation		
000874051	WESTERLY TAX GROUP, INC.		
3. Principal Office Address	City	State	Zip
36 POTTER HILL ROAD	WESTERLY	RI	02891
4. NAICS Code: 541213	6. Brief description of the character of business conducted in Rhode Island: PREPARATION OF TAX RETURNS AND TAX CONSULTANT		
5. State of Incorporation: RI			

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

President Name	Vice-President Name
MATTHEW WEST	MATTHEW WEST
Street Address: 36 POTTER HILL ROAD	Street Address: 36 POTTER HILL ROAD
City: WESTERLY State: RI Zip: 02891	City: WESTERLY State: RI Zip: 02891
Secretary Name: —	Treasurer Name: —
Street Address: SAME	Street Address: SAME
City: State: Zip:	City: State: Zip:

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

Director Name	Director Name
MATTHEW WEST	
Street Address: 36 POTTER HILL ROAD	Street Address:
City: WESTERLY State: RI Zip: 02891	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: 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	PAR VALUE
100	COMMON	.01

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
MATTHEW WEST, PRESIDENT	1/21/2021

Signature of Authorized Representative: Matthew West Pres

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: 08/2020