



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 10 2021 8

BY 5273

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.

1. Entity ID Number 966897		2. Exact name of the Corporation Westcott House Family Restaurant and Lounge, Inc.			
3. Principal Office Address 49 Providence Street			City West Warwick	State RI	Zip 02893
4. NAICS Code 722511		6. 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1,000		Common
			PAR VALUE		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 01/25 /2021	
Signature of Authorized Representative 					