



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 05 2024

E:

1. Entity ID Number <u>000874051</u>		2. Exact name of the Corporation <u>WESTERLY TAX GROUP, INC.</u>			
3. Principal Office Address <u>137 MAIN STREET</u>		City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>	
4. NAICS Code <u>541213</u>		6. Brief description of the character of business conducted in Rhode Island <u>TAX PREPARATION &amp; FINANCIAL CONSULTING</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>MATTHEW T. WEST</u>			Vice-President Name		
Street Address <u>36 PUTTER HILL ROAD</u>			Street Address <u>SAME</u>		
City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address <u>SAME</u>			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>MATTHEW WEST</u>			Director Name		
Street Address <u>36 PUTTER HILL ROAD</u>			Street Address		
City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
Changes require an additional filing.			<u>1000</u> <u>COMMON</u> <u>NO PAR</u>		
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 <u>MATTHEW WEST</u>					Date <u>2/1/24</u>
Signature of Authorized Representative <u>[Signature]</u>					

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov