

## State of Rhode Island

## Department of State - Business Services Division

FIELD



Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

Zip 02907 n attachment 🗆	State RI de Island e box to indicate ar	ence ss conducted in Rhod	ent, Inc. City Provider	of the Corporation Developme	2. Exact name Westcott	Penalty: Additional \$25.0  1. Entity ID Number  000093822  3. Principal Office Address  140 Reservoir Avenue		
02907	RI' de Island		City Provider	otion of the charact		3. Principal Office Address		
02907	RI' de Island		Provider		6 Brief descri	•		
n attachment 🗖	l de Island				6 Brief descri	140 Reservoir Avenue		
		s conducted in Rhod	ter of business		6 Brief descri	140 Reservoir Avenue		
	e box to indicate ar			al estate	5. 5. i.e. 6666	4. NAICS Code		
	e box to indicate ar			General real estate				
	e box to indicate ar				1	5. State of Incorporation		
	e box to indicate ar					RI		
Zip					dresses)	7. List ALL officers (names and		
Zip	Vice-President Name			President Name Donald S. Smith				
Zip	Street Address			Street Address 140 Reservoir Avenue				
	State		City	<sup>Z<sub>ip</sub></sup> 02907	State RI	<sup>City</sup> Providence		
. Smith		Treasurer Name Douglas H.		ecretary Name Douglas H. Smith				
Street Address 140 Reservoir Avenue				Street Address 140 Reservoir Avenue				
Zip 02907	State RI			<sup>Zip</sup> 02907	State RI	<sup>City</sup> Providence		
n attachment 🔲	e box to indicate a	Check the			ddresses)	8. List ALL directors (names an		
		Douglas H. S	Director Nam			Donald S. Sn		
Street Address 140 Reservoir Avenue			Street Addres	Street Address 140 Reservoir Avenue				
Zip 02907	vidence State RI Zip		City Provid	<sup>Zip</sup> 02907	State RI	<sup>City</sup> Providence		
		Director Name		<u>*</u> .!		Director Name		
-		Street Address			Street Address			
Zip	State		City	Ζiρ	State	City		
	<del></del>			10. Shares Issu	<u>*                                    </u>	9. Shares Authorized		
n attachment		CLASS/SEI			rd In the	This information is currently of re Department of State.		
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Par value Par hands of a re-	No I	presentative. If the correceiver or trustee,	uthorized repre ration by the rec	ehalf of the corpor at I have examine	ne executed on the second read affirm the second in the se	ceiver or trustee, this report mu Under penalty of perjury, I de statements, and that all state		
zip 02	State RI ne box to indicate and Smith  Dir Avenue  State RI	Check the Check the Douglas H. S  Tess 140 Reservo  vidence  sime	City Provided Provide	Zip	RI ddresses) h Avenue State RI	Director Name Donald S. Sn Street Address 140 Reservo City Providence Director Name Street Address City 9. Shares Authorized This information is currently of re		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov