



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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 2025
BY 34096
AA

| | | | | | |
|--|-------------|---|---|------------------------|---------------------------|
| 1. Entity ID Number 000005020 | | 2. Exact name of the Corporation Cowesett Inn, Inc. | | | |
| 3. Principal Office Address 226 Cowesett Avenue | | | 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 Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name James H. Paolucci | | | Vice-President Name James H. Paolucci | | |
| Street Address 6 Martingale Drive | | | Street Address 6 Martingale Drive | | |
| City Warwick | State RI | Zip 02886 | City Warwick | State RI | Zip 02886 |
| Secretary Name James H. Paolucci | | | Treasurer Name James H. Paolucci | | |
| Street Address 6 Martingale Drive | | | Street Address 6 Martingale Drive | | |
| City Warwick | State RI | Zip 02886 | City Warwick | State RI | Zip 02886 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name James H. Paolucci | | | Director Name | | |
| Street Address 6 Martingale Drive | | | Street Address | | |
| City Warwick | State RI | Zip 02886 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized 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. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES 2,000 | CLASS/SERIES Common | PAR VALUE No Par Value |
| 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 James H. Paolucci, President | | | | Date Jan. 25, 2025 | |
| Signature of Authorized Representative <i>James H. Paolucci, Pres.</i> | | | | | |

MAIL TO:
Division of Business Services
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