



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 69552		2. Exact name of the Corporation White Lion Real Estate, Inc.						
3. Principal office address 400 Reservoir Avenue Suite 2H		City Providence	State RI	Zip 02907				
4. Business Phone No. 401-588-2400		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island Engaging in the general real estate business								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name Melissa J. Baker		Vice-President Name Melissa J. Baker						
Street Address 400 Reservoir Avenue Suite 2H		Street Address 400 Reservoir Avenue Suite 2H						
City Providence	State RI	Zip 02906	City Providence	State RI				
Secretary Name Melissa J. Baker		Treasurer Name Melissa J. Baker						
Street Address 400 Reservoir Avenue Suite 2H		Street Address 400 Reservoir Avenue Suite 2H						
City Providence	State RI	Zip 02906	City Providence	State RI				
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name None		Director Name						
Street Address		Street Address						
City	State	Zip	City	State				
Director Name		Director Name						
Street Address		Street Address						
City	State	Zip	City	State				
9. SHARES AUTHORIZED								
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.								
					NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
					None	Common	No Par Value	

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY By: *mme*

FILED
 FEB 12 2013

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.
Melissa J. Baker 1/21/2013
 Signature of Authorized Representative Date
Melissa J. Baker
 Print or Type Name of Authorized Representative

CB # 4675