



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 107267		2. Exact name of the limited liability company A.E. White, L.L.C			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Acquiring, Leasing, developing, selling and otherwise dealing in real property			
5. Principal office address 8 Bartlett Road		City Middletown		State RI	Zip 02842
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Susan A White		Contact Title Trustee of the Susan A White Rev TR dtd 2/23/91			
Street Address 8 Bartlett Road		City Middletown		State RI	Zip 02842
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Susan A. White, Ttee of the Susan A White Rev Tr		Manager Name			
Street Address 8 Bartlett Road		Street Address			
City Middletown	State RI	Zip 02842	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

SEP 17 2014

BY Ms 232395

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Susan White

9/13/14

Signature of Authorized Person

Date

Susan White
Print or Type Name of Authorized Person