



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 119100		2. Exact name of the limited liability company WHALE ROCK HOLDINGS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 226 BELLEVUE AVE #6		City NEWPORT	State RI
		Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DANIELA G. FRATER		Contact Title MANAGER	
Street Address 226 BELLEVUE AVE #6		City NEWPORT	State RI
		Zip 02840	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name DANIELA G. FRATER		Manager Name	
Street Address 226 BELLEVUE AVE		Street Address	
City NEWPORT	State RI	City	State
Zip 02840		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name STEPHAN I. FRATER		Address	
Address 195 GEORGE ST.		City PROVIDENCE	Zip 02903

FILED

FEB 01 2005

By KML

C56024

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

05 FEB -1 AM 10:27

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.

[Signature] 2/1/05
Signature of Authorized Person Date

DANIELA G. FRATER
Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

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