State of Rhode Island and Providence Department of State - Bus	
Annual Report for the year: 2016	
Limited Liability Company	
→ Filing period: September 1 - Novemb	er 1

→ Penalty: Additional \$25.00	fee if form is	not filed by Dec	ember 1.				
1. Entity ID Number 850224	Exact name of the Limited Liability Company WHT HOLDINGS						
NAICS Code Other Services (except Pub State of Formation	Brief description of the character of business conducted in Rhode Island HOLDING COMPANY						
RI							
6. Principal Office Address			City	State	Zip		
75 MILL STREET			NEWPORT	RI	02840		
7. Mailing Address of Limited Lia	bility Compar	ny and Name or Tit	tle of Contact Person	•	•		
Contact Name JEFFREY FARRAR			Contact Title				
Street Address 75 MILL STREET			City NEWPORT	State RI	^{Zip} 02840		
8. List ALL managers (names ar	nd addresses)	of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS		
Manager Name JEFFREY FARRAR			Manager Name				
Street Address 75 MILL STREET			Street Address				
City NEWPORT	State Ri	^{Zip} 02840	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to i	ndicate an attachment		
9. Resident Agent in Rhode Islan	d. This informa	ition is currently of re	ecord with the Department of Sta	ate. Changes require filin	g Form 642.		
Under penalty of perjury, I decistatements, and that all statem				g any accompanyin	g schedules and		
Name of Authorized Person				Date	Date		
JEFFERY M. FARRAR				٦٠2	9.28.2016		
Signature of Authorized Person			MENT HERE				

MAIL TO:

Division of Business Services

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

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

