



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 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. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island Engaging in the general real estate business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an 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 02907	City Providence	State RI	Zip 02907
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 02907	City Providence	State RI	Zip 02907
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			None	Common	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 Melissa J. Baker					Date 2-13-17
Signature of Authorized Representative <i>Melissa J. Baker</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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