RI SOS Filing Number: 201737742890 Date: 3/6/2017 4:00:00 PM

Department of	f State - Busi	ness Services	s Division				
Annual Report for the Corporation							
 → Filing period: January → Filing Fee: \$50.00 → Penalty: Additional \$25 		not filed by April 1.					
1. Entity ID Number 17684		2. Exact name of the Corporation White Machine, Inc.					
3. Principal Office Address 394 Smith Street			City North Ki	City North Kingstown		Zip 02852	
4. NAICS Code 31-33 - Manufacturing 5. State of Incorporation Rhode Island	6. Brief des	cription of the chara machine parts	acter of busines	s conducted in Rhoo	de Island	<u> </u>	
7. List ALL officers (names an	d addresses)			Che	eck the box to indi	cate an attachment	
President Name Edward F. Buc	Vice-Presid	Vice-President Name Edward F. Bucklin IV					
Street Address 394 Smith Stree	Street Add	Street Address 394 Smith Street					
City North Kingstown	State RI	^{Zip} 02852	City North Kingstown		State RI	^{Zip} 02852	
Secretary Name Edward F. Bud Street Address 394 Smith Stree	:klin IV 			lame Edward F. Bud			
				Street Address 394 Smith Street City North Kingstown State RI Zip 02852			
City North Kingstown	State RI	Zip 02852	City North	City North Kingstown		^{Zip} 02852	
List ALL directors (names and addresses) Director Name				Che	eck the box to indic	cate an attachment	
Edward F. Buck			Director Na	me			
Street Address 394 Smith Stree	t		Street Addre	ess			
City North Kingstown	State RI	Zip 02852	City		State	Zip	
Director Name			Director Na	me			
Street Address	Street Addre	Street Address					
City	State	Zip	City		State	Zip	
9. Shares Authorized This information is currently of record in the		10. Shares Iss		Check the box to indicate an attachment			
Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SEF		PAR VALUE	
				common	n n	o par value	
11. This report must be execute trustee, this report must be exe	ed on behalf of the	corporation by an a	authorized repr	 esentative. If the cor	poration is in the h	nands of a receiver or	
unger penaity of perjury, i de	clare and affirm t	hat I have examin	ed this report	trustee. Including any acc	ompanying sche	dules and	
statements, and that all states Name of Authorized Representa	ments contained	herein are true an	d correct.				
Edward F. Bucklin IV		V	F	ILED	Date **	17	
Signature of Authorized Representation of Bue	entative klim 4th	33.9	DUMEN: MA	0 6 2017			
IAIL TO: ivision of Business Services		1		7341			
48 W. River Street, Providence, Rh hone: (401) 222-3040 /ebsite: www.sos.ri.gov	ode Island 02904-26	15		QQ.	, 'nv. v	1000 - 1	