

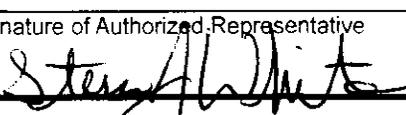


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 MAR 15 AM 11:32

1. Entity ID Number 31708		2. Exact name of the Corporation JOHN F. WHITE AND COMPANY, INCORPORATED			
3. Principal Office Address 31 NARRAGANSETT AVENUE		City PROVIDENCE		State RI	Zip 02907
4. NAICS Code 42 - Wholesale Trade		6. Brief description of the character of business conducted in Rhode Island WHOLESALE HEATING SUPPLIES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEVEN J. WHITE			Vice-President Name NONE		
Street Address 31 NARRAGANSETT AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Secretary Name LAUREEN WHITE TARICANI			Treasurer Name STEVEN J. WHITE		
Street Address 31 NARRAGANSETT AVENUE			Street Address 31 NARRAGANSETT AVENUE		
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 STEVEN J. WHITE			Director Name LAUREEN WHITE TARICANI		
Street Address 31 NARRAGANSETT AVENUE			Street Address 31 NARRAGANSETT AVENUE		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
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
			100	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 STEVEN J. WHITE					Date 3/10/17
Signature of Authorized Representative 			SIGN DOCUMENT HERE FILED		

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

MAR 15 2017

BY cr 248264