



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 APR - 7 AM 10:47

|   |   |
|---|---|
| 1. Entity ID Number<br><b>000025816</b> | 2. Exact name of the Corporation<br><b>J.F. White Contracting Company</b> |
|---|---|

|  |                           |                    |                     |
|--|---------------------------|--------------------|---------------------|
| 3. Principal Office Address<br><b>10 Burr Street</b> | City<br><b>Framingham</b> | State<br><b>MA</b> | Zip<br><b>01701</b> |
|--|---------------------------|--------------------|---------------------|

|   |  |
|---|--|
| 4. NAICS Code<br><b>23 - Construction</b> | 6. Brief description of the character of business conducted in Rhode Island<br><b>General Contractor/ Heavy Construction</b> |
| 5. State of Incorporation<br><b>MA</b>    |  |

|  |                    |                     |                     |       |     |
|--|--------------------|---------------------|---------------------|-------|-----|
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                     |                     |       |     |
| President Name<br><b>Mr. Peter T. White</b>  |                    |                     | Vice-President Name |       |     |
| Street Address<br><b>46 Hastings St.</b>   |                    |                     | Street Address      |       |     |
| City<br><b>Wellesley</b>   | State<br><b>MA</b> | Zip<br><b>02481</b> | City                | State | Zip |
| Secretary Name   |                    |                     | Treasurer Name      |       |     |
| Street Address   |                    |                     | Street Address      |       |     |
| City   | State              | Zip                 | City                | State | Zip |

|   |       |     |                |       |     |
|---|-------|-----|----------------|-------|-----|
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |       |     |                |       |     |
| 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<br><b>This information is currently of record in the Department of State.</b><br><b>Changes require an additional filing.</b> | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |              |                 |
|  | NUMBER OF SHARES  | CLASS/SERIES | PAR VALUE       |
|  | <b>2,000,000.00</b>   | <b>CWP</b>   | <b>\$0.0100</b> |
|  |   |              |                 |

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<br><b>James Fitzgerald</b> | Date<br><b>03/20/2017</b> |
| Signature of Authorized Representative<br>                   |                           |

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

APR 07 2017  
 BY 2887360  
  
 FORM 630 - Revised: 02/2017