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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
Filing Fee: $50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the Corporation
17755	WHITMAN ASSOCIATES, INC

3. Principal office address	City	State	Zip
33 Glen Hills Dr	CRAN	RI	02920

4. Business Phone No.	5. State of Incorporation
401-942-1666	RI

6. Brief description of the character of business conducted in Rhode Island
REAL ESTATE SALES, MANAGEMENT & HOLDING COMPANY (LAND) COMMUNITY DEVELOPMENT/RELATIONS

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
GARY T. MALLOY	200 Exchange ST # 217	PROV	RI	02903

Vice-President Name	Street Address	City	State	Zip
KEVIN T. MALLOY	33 Greenwich Way	W. WARW	RI	02893

Secretary Name	Street Address	City	State	Zip
Kerry Ann MALLOY	33 Glen Hills Dr	CRAN	RI	02920

Treasurer Name	Street Address	City	State	Zip
CHRIS E. MALLOY	33 Glen Hills Dr	CRAN	RI	02920

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
THOMAS F. MALLOY	136 Perennial Dr	CRAN	RI	02920
GARY T. MALLOY	200 Exchange ST # 217	PROV	RI	02903

Director Name	Street Address	City	State	Zip
ERIN K. ACETO	7 LINDSAY LANE	CRAN	RI	02921
KEVIN T. MALLOY	33 Greenwich Way	W. WARW	RI	02893

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	NONE	N/A	NONP

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.

7/14/17
Signature of Authorized Representative — Date

KEVIN T. MALLOY V.P.
Print or Type Name of Authorized Representative

File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY BY

FILED
JUL 21 2017
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Form No. 630
Revised: 01/2012