



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

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2017 AUG 22 PM 1:53

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 127801		2. Exact name of the limited liability company J. White Associates, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Ownership of real estate			
5. Principal office address 732 Northern Blvd.		City Great Neck	State NY	Zip 11021	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Nancy W. Weidinger			Contact Title Manager		
Street Address c/o 732 Northern Blvd.		City Great Neck	State NY	Zip 11021	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Nancy W. Weidinger			Manager Name		
Street Address c/o 732 Northern Blvd.			Street Address		
City Great Neck	State NY	Zip 11021	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

AUG 22 2017

1:55

BY CK 310807

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Nancy W. Weidinger
 Signature of Authorized Person

Date

Nancy W. Weidinger

Print or Type Name of Authorized Person

8/17/17