S			
	tate of Rhode Island and Pro Office of the Secreta	ovidence Plantations ary of State	Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290 (401) 222-30	treet )4-2615	
HOPE	(401) 222-30	40	
Limited Liability Com Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
<b>1. ID No.</b> <u>000073143</u>			
2. Exact Name of the Lir	nited Liability Company <u>WHITE</u>	WOLF REALTY L.L.C.	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
0	Code that best describes the primary information on <u>NAICS</u> can be found		ing: Dominoud
4. Brief Description of the	e Character of the Business Which	n is Actually Conducted in R	hode Island
TO OWN AND MANAG	GE COMMERCIAL REAL ESTA	TE	
5. Principal Office Addres	38		
	WATER STREET	DI 7: 02014 C	
	ST PROVIDENCE State:	<u>RI</u> Zip: <u>02914</u> Coun	try: <u>USA</u>
City or Town: EAS	nited Liability Company and Name		try: <u>USA</u>
City or Town: EAS 6. Mailing Address of Lin Contact Name: SHARON	nited Liability Company and Name I RING Contact Title: <u>PARTNER</u> FALL RIVER AVENUE	e or Title of Contact Person:	try: <u>USA</u> untry: <u>USA</u>
City or Town:EAS6. Mailing Address of LineContact Name:SHARONNo. and Street:1241 FCity or Town:SEEKC	nited Liability Company and Name I <u>RING</u> Contact Title: <u>PARTNER</u> FALL RIVER AVENUE ONK Sta Each Manager of the Limited Liak	e or Title of Contact Person: ate: <u>MA</u> Zip: <u>02771</u> Co	untry: <u>USA</u>
City or Town: EAS   6. Mailing Address of Line   Contact Name: SHARON   No. and Street: 1241 F   City or Town: SEEKC   7. Name and Address of	nited Liability Company and Name I <u>RING</u> Contact Title: <u>PARTNER</u> FALL RIVER AVENUE ONK Sta Each Manager of the Limited Liak	e or Title of Contact Person: ate: <u>MA</u> Zip: <u>02771</u> Co	untry: <u>USA</u>

## Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

## SHARON RING 54 WATER STREET EAST PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 13 Day of September, 2017 at 9:23:29 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By SHARON RING

Signature of Authorized Person

Form No. 632 Revised 09/07

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