Si			
	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St	reet	
HOPE	Providence RI 0290 (401) 222-304		
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>		
1. ID No. <u>000150634</u>	:		
2. Exact Name of the Lin	nited Liability Company <u>WHISTI</u>	LER POINT LLC	
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
-	Code that best describes the primary information on <u>NAICS</u> can be found		entity. Download
810000			
<u>810000</u>			
	e Character of the Business Which	is Actually Conducted in	n Rhode Island
	Character of the Business Which	is Actually Conducted ir	n Rhode Island
4. Brief Description of the		is Actually Conducted in	n Rhode Island
4. Brief Description of the <u>REAL ESTATE</u> 5. Principal Office Addres	ss <u>NE 62ND STREET</u>	-	Rhode Island Country: <u>USA</u>
4. Brief Description of the REAL ESTATE 5. Principal Office Address No. and Street: 5744 City or Town: SEAT	ss <u>NE 62ND STREET</u>	<u>WA</u> Zip: <u>98115</u> (Country: <u>USA</u>
4. Brief Description of the <u>REAL ESTATE</u> 5. Principal Office Address No. and Street: 5744 City or Town: 5EAT 6. Mailing Address of Lin Contact Name: Contact T	ss <u>NE 62ND STREET</u> <u>TTLE</u> State: nited Liability Company and Name	<u>WA</u> Zip: <u>98115</u> (Country: <u>USA</u>
4. Brief Description of the <u>REAL ESTATE</u> 5. Principal Office Address No. and Street: 5744 City or Town: SEAT 6. Mailing Address of Lin Contact Name: Contact T No. and Street: 5 WHI	SS <u>NE 62ND STREET</u> <u>TTLE</u> State: nited Liability Company and Name Fitle: STLER POINT ROAD	<u>WA</u> Zip: <u>98115</u> (or Title of Contact Perso	Country: <u>USA</u>
4. Brief Description of the <u>REAL ESTATE</u> 5. Principal Office Address No. and Street: 5744 City or Town: SEAT 6. Mailing Address of Lin Contact Name: Contact T No. and Street: 5 WHI City or Town: LITTLE	ss <u>NE 62ND STREET</u> <u>TTLE</u> State: nited Liability Company and Name Fitle: <u>STLER POINT ROAD</u> <u>E COMPTON</u> State Each Manager of the Limited Liab	<u>WA</u> Zip: <u>98115</u> (or Title of Contact Person ite: <u>RI</u> Zip: <u>02837</u> (Country: <u>USA</u> on: Country: <u>USA</u>
4. Brief Description of the REAL ESTATE 5. Principal Office Address No. and Street: 5744 City or Town: SEAT 6. Mailing Address of Lin Contact Name: Contact T No. and Street: 5 WHI City or Town: LITTLE 7. Name and Address of	SS NE 62ND STREET TLE State: nited Liability Company and Name Fitle: STLER POINT ROAD E COMPTON State Each Manager of the Limited Liab RS Individual Name	WA Zip: 98115 0 or Title of Contact Person 02837 0 ite: RI Zip: 02837 0 ility Company, if Applica Address	Country: <u>USA</u> on: Country: <u>USA</u> ible.
4. Brief Description of the <u>REAL ESTATE</u> 5. Principal Office Address No. and Street: 5744 City or Town: SEAT 6. Mailing Address of Lin Contact Name: Contact T No. and Street: 5 WHI City or Town: LITTLE 7. Name and Address of DO NOT LIST MEMBER	SS NE 62ND STREET TTLE State: nited Liability Company and Name Fitle: STLER POINT ROAD E COMPTON State Each Manager of the Limited Liab RS	<u>WA</u> Zip: <u>98115</u> (or Title of Contact Person ite: <u>RI</u> Zip: <u>02837</u> (ility Company, if Applica	Country: <u>USA</u> on: Country: <u>USA</u> ible.

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 18 Day of December, 2017 at 7:34:06 PM 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 <u>JONATHAN BRIGGS</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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