State of Rhode Island and Providen Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
69552	White Lion Real Estate, Inc.

3. Principal Office Address	City	State	Zip
400 Reservoir Avenue, Suite 2H	Providence	RI	02907

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	Engaging in the general real estate business
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Melissa J. Baker			Vice-President Name: Melissa J. Baker		
Street Address: 400 Reservoir Avenue, Suite 2H			Street Address: 400 Reservoir Avenue, Suite 2H		
City: Providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02907
Secretary Name: Melissa J. Baker			Treasurer Name: Melissa J. Baker		
Street Address: 400 Reservoir Avenue, Suite 2H			Street Address: 400 Reservoir Avenue, Suite 2H		
City: Providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02907

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	None	Common	No Par Value

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	Date
Melissa J. Baker	3-8-2018

Signature of Authorized Representative: SIGN DOCUMENT HERE — President

FILED

MAR 16 2018

BY 16472 DS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017