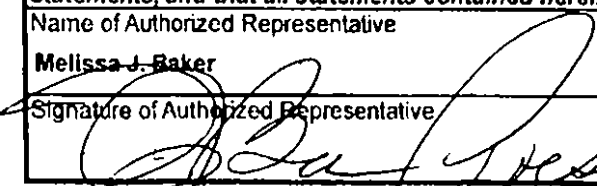




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 69552		2. Exact name of the Corporation White Lion Real Estate, Inc.			
3. Principal Office Address 400 Reservoir Avenue, Suite 2H		City Providence		State RI	Zip 02907
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island 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 Melissa J. Baker					Date 3-8-2018
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					FILED

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

MAR 16 2018
BY 16472 DS

FORM 630 - Revised: 10/2017