



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

STANDARD

Annual Report for the year: 2018

Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1

1 Entity ID Number <u>001340790</u>		2 Exact name of the Limited Liability Company <u>SA WHITE FAMILY, LLC</u>	
3 NAICS Code <u>531110</u>		4 Brief description of the character of business conducted in Rhode Island <u>RESIDENTIAL HOME RENTAL</u>	
5 State of Formation <u>R.I.</u>			
6 Principal Office Address <u>3760 NW ROYAL OAK DRIVE</u>		City <u>TEASEN BEACH</u>	State <u>FL</u>
		Zip <u>34957</u>	
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>SUSAN A WHITE</u>		Contact Title <u>MANAGER/TRUSTEE</u>	
Street Address <u>3760 NW ROYAL OAK DRIVE</u>		City <u>TEASEN BEACH</u>	State <u>FL</u>
		Zip <u>34957</u>	
8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>WHITE</u>		Manager Name	
Street Address <u>37</u>		Street Address	
City <u>TEASEN BEACH</u>	State <u>FL</u>	City	State
Zip <u>34957</u>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
9 Resident Agent in Rhode Island This information is currently of record with the Department of State. Changes require filing Form 642			
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 Person <u>AUSTIN E WHITE</u>		Date <u>AUGUST 11, 2018</u>	
Signature of Authorized Person <u>Austin E. White</u>			

MAIL TO:

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

FILED

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