

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

2019

FILED MAR 1 8 2019

2001

→ 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 | Intity ID Number 2. Exact name of the Corporation | | | | | | |
|---|--|----------------------|--|----------------------------------|--------------------|-----------------------------|--|
| 17684 | White Machine, Inc. | | | | | | |
| 3. Principal Office Address | | | City | ···· | State | Zip | |
| 3.94 Smith Street | | | North King | ietown | RI | 02852 | |
| | | | | | | 02032 | |
| 4. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | | |
| 333517 | Precision machine parts | | | | | | |
| 5. State of Incorporation | 7 | | | | | | |
| Rhode Island | | | | | | | |
| 7. List ALL officers (names and | addresses) | | | Che | ck the box to inc | dicate an attachment | |
| President Name Edward F. Buck | Vice-President Name Edward F. Bucklin IV | | | | | | |
| | | | | | | | |
| Street Address 394 Smith Street | Street Address 394 Smith Street | | | | | | |
| City North Kingstown | State RI | ^{Zip} 02852 | City North Kingstown | | State RI | ^{Zip} 02852 | |
| Secretary Name Edward F. Bucklin IV | | | Treasurer Name Edward F. Bucklin IV | | | | |
| Street Address 394 Smith Street | | | Street Address 394 Smith Street | | | | |
| City North Kingstown | State RI | ^{Zıp} 02852 | City North Kingstown | | State RI | ^{Zip} 02852 | |
| 8. List ALL directors (names and | d addresses) | | | Che | ck the box to in- | dicate an attachment 🔲 | |
| Director Name Edward F. Bucklin IV | | | Director Name | | | | |
| Street Address 394 Smith Street | | | Street Address | | | | |
| City North Kingstown | State RI | ^{Zip} 02852 | City | | State | Zip | |
| Director Name | | | Director Name | | | | |
| Street Address | | | Street Address | | | | |
| | | | | | | | |
| City | State | Zip | City | | State | Zip | |
| 9. Shares Authorized | res Authorized 10. Shares Iss | | Sued Check the box to indicate an attachment | | | | |
| This information is currently of record in the | | NUMBER OF SHARES | | CLASS/SERIES PAR VALUE | | | |
| Department of State. Changes require an additional filing. | | 100 | | common | | no par value | |
| | | | | | | | |
| 11. This report must be execute | d on behalf of the | cornoration by an | authorized repres | <u>l.</u> sentative If the co | rooration is in th | e hands of a receiver or | |
| trustee, this report must be exec | cuted on behalf of | the corporation by | the receiver or tr | ustee. | | | |
| trustee, this report must be executed under penalty of perjury, I dec | clare and affirm | that I have examin | ed this report, li | ncluding any acc | ompanying sc | hedules and | |
| Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date | | | | | | | |
| Edward F. Bucklin IV | | 3/12/19 | | | | | |
| Signature of Authorized Representative | | | | | | | |
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