RI SOS Filing Number: 202033291530 Date: 1/27/2020 4:00:00 PM 

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

	FILED	· · · · · · · · · · · · · · · · · · ·
	JAN 27 2020	
BY_		

A. Fasta ID Nambar		or nied by April 1.			980 84 37 (2)	义 <b>少</b>		
1 Entity ID Number 000017659		2 Exact name of the Corporation						
	Gustave J.	Gustave J. S. White Real Estate Co						
3. Principal Office Address			City		State	Zıp		
37 Bellevue Ave			Newport		RI	02840		
5 State of Incorporation  8 Node Island	ì	ription of the charai		conducted in Rho	ode Island			
7 List ALL officers (names and addresses)			Vice Presider	Check the box to indicate an attachment				
President Name Jane H. Dwyer			Vice-r resider	Vice-President Name Michael R. Corcoran				
Street Address 513 Paradise Ave			Street Addres	Street Address 529 Paradise Ave				
Cily Middletown	State RI	Zip 02842	City Middlet	town	State RI	Zip 02842		
Secretary Name Margaret Casy	cretary Name Margaret Caswell		Treasurer Name Jane H. Dwyer					
Street Address 19 Slocum St			Street Address 513 Paradise Ave					
City Newport	State RI	Zip 02840	City Middle	town	State RI	<sup>Zıp</sup> 02842		
8 List ALL directors (names a	nd addresses)	-	I	CI	neck the box to i	ndicate an attachment 🔲		
Director Name		•	Director Nam	e				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Director Name		•	Director Nam	е	<u> </u>	. <del> </del>		
Street Address			Street Addres	SS .				
City	State	Zip	City		State	Zip		
,	0.010	- P	",		13.6.0	-"		
9 Shares Authorized		10. Shares issued		Check the box to indicate an attachment				
This information is currently of record in the Department of State.			NUMBER OF SHARES		CLASS/SERIES PAR VALUE			
		50		common		\$1.00		
Changes require an additional filing.								
11. This report must be execut	ted on behalf of the	corporation by an	authorized repre	I esentative. If the o	corporation is in t	Line hands of a receiver or		
trustee, this report must be ex	ecuted on behalf o	f the corporation by	the receiver or t	trustee.				
Under penalty of perjury, I d				including any a	ccompanying s	chedules and		
statements, and that all stat Name of Authorized Represen		i nerein a <u>re true ai</u>	nd correct.	_	:Date			
Margaret Caswell	nan¥€				: Date	12/1020		
-		n #			//-			
Signature of Authorized Repre	esentative W	USIGN DO	CUMENT HE	ERE	,	·		

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov