



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

**FILED**

JAN 27 2020

BY 11719

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.

1 Entity ID Number <b>000017659</b>		2 Exact name of the Corporation <b>Gustave J. S. White Real Estate Co</b>	
3 Principal Office Address <b>37 Bellevue Ave</b>		City <b>Newport</b>	State <b>RI</b>
Zip <b>02840</b>			
4 NAICS Code <b>561990</b>	6 Brief description of the character of business conducted in Rhode Island <b>Provide auctioneering services</b>		
5 State of Incorporation <b>Rhode Island</b>			
7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Jane H. Dwyer</b>		Vice-President Name <b>Michael R. Corcoran</b>	
Street Address <b>513 Paradise Ave</b>		Street Address <b>529 Paradise Ave</b>	
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>
Secretary Name <b>Margaret Caswell</b>		Treasurer Name <b>Jane H. Dwyer</b>	
Street Address <b>19 Slocum St</b>		Street Address <b>513 Paradise Ave</b>	
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Middletown</b>
State <b>RI</b>		Zip <b>02842</b>	
8 List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		<b>50 common \$1.00</b>	
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 <b>Margaret Caswell</b>		Date <b>1/22/2020</b>	
Signature of Authorized Representative <i>Margaret Caswell</i>		SIGN DOCUMENT HERE	

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: 10/2016