



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2020  
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.

FILED

OCT 13 2020

BY 171 DS

|  |       |   |      |                          |                     |
|--|-------|---|------|--------------------------|---------------------|
| 1. Entity ID Number<br><u>000294650</u>  |       | 2. Exact name of the Limited Liability Company<br><u>Whittier Management LLC</u>  |      |                          |                     |
| 3. NAICS Code<br><u>523110</u>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>Whittier Management LLC makes investments in listed and unlisted securities, Angel capital opportunities and theatrical productions</u> |      |                          |                     |
| 5. State of Formation<br><u>RI</u>   |       |   |      |                          |                     |
| 6. Principal Office Address<br><u>54 Whittier Rd</u>   |       | City<br><u>Jamestown</u>  |      | State<br><u>RI</u>       | Zip<br><u>02835</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |   |      |                          |                     |
| Contact Name<br><u>Lowell Thomas</u>   |       | Contact Title<br><u>Principal</u>   |      |                          |                     |
| Street Address<br><u>54 Whittier Rd</u>  |       | City<br><u>Jamestown</u>  |      | State<br><u>RI</u>       | Zip<br><u>02835</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS   |       |   |      |                          |                     |
| Manager Name<br><u>Same as above</u>   |       | Manager Name  |      |                          |                     |
| Street Address   |       | Street Address  |      |                          |                     |
| City   | State | Zip   | City | State                    | Zip                 |
| Manager Name   |       | Manager Name  |      |                          |                     |
| Street Address   |       | Street Address  |      |                          |                     |
| City   | State | Zip   | City | State                    | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>   |       |   |      |                          |                     |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. 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<br><u>Lowell Thomas</u>  |       |   |      | Date<br><u>10/7/2020</u> |                     |
| Signature of Authorized Person<br><u>Lowell Thomas</u>   |       |   |      |                          |                     |

## MAIL TO:

Division of Business Services

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