



State of Rhode Island

## Department of State - Business Services Division

FILED

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.

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BY

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------|----------------------------|------------------|--------------|
| 1. Entity ID Number<br>000486158                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br>WHITETAIL PROPERTIES, LLC                                   |                            |                  |              |
| 3. NAICS Code<br>531390                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br>REAL ESTATE MANAGEMENT COMPANY |                            |                  |              |
| 5. State of Formation<br>RI                                                                                                                                                                          |       |                                                                                                               |                            |                  |              |
| 6. Principal Office Address<br>29 ARMENTO STREET                                                                                                                                                     |       |                                                                                                               | City<br>JOHNSTON           | State<br>RI      | Zip<br>02919 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                               |                            |                  |              |
| Contact Name<br>RICHARD LAFAZIA                                                                                                                                                                      |       |                                                                                                               | Contact Title<br>PRESIDENT |                  |              |
| Street Address<br>29 ARMENTO STREET                                                                                                                                                                  |       |                                                                                                               | City<br>JOHNSTON           | State<br>RI      | Zip<br>02919 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |       |                                                                                                               |                            |                  |              |
| Manager Name                                                                                                                                                                                         |       |                                                                                                               | 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>RICHARD LAFAZIA                                                                                                                                                         |       |                                                                                                               |                            | Date<br>10/16/20 |              |
| Signature of Authorized Person<br>Richard LaFazia                                                                                                                                                    |       |                                                                                                               |                            |                  |              |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov