



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **2021**

## 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

SEP 20 2021

BY

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|                                                                                                                                                                                                             |             |                                                                                                                        |                                            |                    |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------|--------------|
| 1. Entity ID Number<br><b>794888</b>                                                                                                                                                                        |             | 2. Exact name of the Limited Liability Company<br><b>WHITE CONSTRUCTION SERVICES, LLC</b>                              |                                            |                    |              |
| 3. NAICS Code<br>239117                                                                                                                                                                                     |             | 4. Brief description of the character of business conducted in Rhode Island to engage in construction related services |                                            |                    |              |
| 5. State of Formation<br>DE                                                                                                                                                                                 |             |                                                                                                                        |                                            |                    |              |
| 6. Principal Office Address<br>1201 Orange Street, Suite 600                                                                                                                                                |             |                                                                                                                        | City<br>Wilmington                         | State<br>DE        | Zip<br>19801 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |             |                                                                                                                        |                                            |                    |              |
| Contact Name<br>Gene M. Carlino                                                                                                                                                                             |             |                                                                                                                        | Contact Title<br>resident agent / attorney |                    |              |
| Street Address<br>1301 Atwood Avenue, Suite 215N                                                                                                                                                            |             |                                                                                                                        | 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<br>Keith Jackunchuck                                                                                                                                                                           |             |                                                                                                                        | Manager Name                               |                    |              |
| Street Address<br>1 Realty Way                                                                                                                                                                              |             |                                                                                                                        | Street Address                             |                    |              |
| City<br>East Providence                                                                                                                                                                                     | State<br>RI | Zip<br>02914                                                                                                           | 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.                                                                         |             |                                                                                                                        |                                            |                    |              |
| <i>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.</i> |             |                                                                                                                        |                                            |                    |              |
| Name of Authorized Person<br>Gene M. Carlino                                                                                                                                                                |             |                                                                                                                        |                                            | Date<br>09/07/2021 |              |
| Signature of Authorized Person                                                                                                                                                                              |             |                                                                                                                        |                                            |                    |              |

## MAIL TO:

Division of Business Services

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