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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.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
1049254	KMBD White of Rhode Island, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531390	Real Estate.				
5. State of Formation	1				
Rhode Island					
6. Principal Office Address			City	State	Zip
730 Boston Neck Road			Narragansett	RI	02882
7. Mailing Address of Limited Lia	ibility Compar	y and Name or Title			· · · · · · · · · · · · · · · · · · ·
Contact Name Charles E. White II, Trustee			Contact Title Sole Member		
Street Address 34 Suff Stream Road SIVU			City Gulf Stream	State FL	^{Zip} 33483
B. 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 it	ndicate an attachment
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				Date	
Charles E. White II, Trustee/Sole Member				10-	10-2021
Signature of Authorized Person					

MAIL TO:

Division of Business Services

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

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