

Annual Report for the year: $\frac{2023}{2}$ **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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Entity ID Number	2. Exact name of the Limited Liability Company SA White Family LLC				
001340790					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island Residental Home Rental				
531#0					
5. State of Formation	_				
RJ			•	•	
6. Principal Officé Address		City	State	Zıp	
3760 NW Royal Oak Drive		Jensen Beach	FL	34957	
7. Mailing Address of Limited L	iability Company and Name or T	itle of Contact Person	<u>, </u>		
Contact Name Susan A White		Contact Title			
Street Address 3760 NW Royal Oak Drive		City Jensen Beach	State FL.	^{Zip} 34957	
8. The Resident Agent informa	tion currently of record with the I	RI Department of State is accu	rate. Changes require	e filing Form 642.	
	eclare and affirm that I have ex ements contained herein are to		g any accompanyin	g schedules and	
Name of Authorized Person	. WHITE		2/18/9	2606/8/18	
Signature of Authorized Person	'All Rute				

MAIL TO:

Division of Business Services

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

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