State of Rhode Island Office of the Secretary of State	Fee: \$50.00
Division Of Business Services	
148 W. River Street	
Providence RI 02904-2615 (401) 222-3040	
Limited Liability Company Annual Report Filing Period: February 1 - May 1	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR - ENTER THE <u>CURRENT</u> FILING YEAR <b>2023</b> : <u>2023</u>	
1. ID No. <u>001664052</u>	
2. Exact Name of the Limited Liability Company Whitney's William Properties, LLC	
3. State of Formation	
State: <u>RI</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>531390</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
TO BUY, SELL AND MANAGE REAL PROPERTY.	
5. Principal Office Address	
No. and Street: <u>130 BELLEVUE AVENUE</u>	
	ry: <u>USA</u>
	ry: <u>USA</u>
City or Town: NEWPORT State: RI Zip: 02840 Countribution   6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Name: Contact Title:	ry: <u>USA</u>
City or Town: NEWPORT State: RI Zip: 02840 Countral contact   6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title:   No. and Street: 130 BELLEVUE AVENUE 130 BELLEVUE AVENUE	ry: <u>USA</u> try: <u>USA</u>
City or Town: NEWPORT State: RI Zip: 02840 Countribution   6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Name: Contact Title:   No. and Street: 130 BELLEVUE AVENUE   City or Town: NEWPORT State: RI Zip: 02840 Countribution   7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	<u> </u>
City or Town: NEWPORT State: RI Zip: 02840 Countral country   6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Name: Contact Title:   No. and Street: 130 BELLEVUE AVENUE State: RI Zip: 02840 Country   City or Town: NEWPORT State: RI Zip: 02840 Country	<u> </u>

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 25 Day of April, 2023 at 12:09:30 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>ADAM H. THAYER, ESQ.</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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