



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

APR 25 2023

*2 B6 02*

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>17684</b>		2. Exact name of the Corporation <b>White Machine, Inc</b>			
3. Principal Office Address <b>394 Smith Street</b>			City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
4. NAICS Code <b>333517</b>		6. Brief description of the character of business conducted in Rhode Island <b>Precision machine parts</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Edward F Bucklin 4th</b>			Vice-President Name <b>Edward F Bucklin 4th</b>		
Street Address <b>394 Smith Street</b>			Street Address <b>394 Smith Street</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
Secretary Name <b>Edward F Bucklin 4th</b>			Treasurer Name <b>Edward F Bucklin 4th</b>		
Street Address <b>394 Smith Street</b>			Street Address <b>394 Smith Street</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Edward F Bucklin 4th</b>			Director Name		
Street Address <b>394 Smith Street</b>			Street Address		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	no par value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
<b>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.</b>					
Name of Authorized Representative <b>Edward F Bucklin 4th</b>					Date <b>4/20/23</b>
Signature of Authorized Representative <i>Edward F Bucklin 4th</i>					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov