



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation:

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED

MAY 8 2024

BY 2253
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1. Entity ID Number 17684		2. Exact name of the Corporation White Machine, Inc			
3. Principal Office Address 394 Smith Street		City North Kingstown		State RI	Zip 02852
4. NAICS Code 333517		6. Brief description of the character of business conducted in Rhode Island Precision machine parts			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Edward F Bucklin 4th		Vice-President Name Edward F Bucklin 4th			
Street Address 394 Smith Street		Street Address 394 Smith Street			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Edward F Bucklin 4th		Treasurer Name Edward F Bucklin 4th			
Street Address 394 Smith Street		Street Address 394 Smith Street			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Edward F Bucklin 4th		Director Name			
Street Address 394 Smith Street		Street Address			
City North Kingstown	State RI	Zip 02852	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIALS	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. 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 Representative Edward F Bucklin 4th				Date May 2, 2024	
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

FORM 630 - Revised: 2/2023