

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025
Partnership (LP, LLP, LLLP)

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

RECEIVED
R.I. DEPT. OF STATISTMALP
BUS SYOS PT

2025 APR -4 P 12: 04

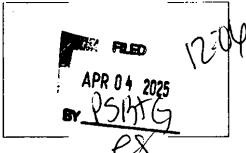
| 1. Entity ID Number | 2. Exact Name of the Partnership | | | |
|---|---|--|--------------------|--------------------|
| 000114996 | White Pond | Limited Par | mership | , |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 531110 | To hold and | manage real | propert | י ל |
| 5. State of Formation | | 0- | • | ′ |
| Rhode Island | | | _ | |
| 6. Principal Office Address | | City | State | Zip |
| 946 J Tuckerham Rd | | Wakefield | RI | 02879 |
| 7. The name and business add LP and LLLP only: an amendment | ress of each general partner or or is required to record a change in gen | ne or more partner(s): eral partner(s) - usa Form 301 (do | mestic) or Form 3! | it (foreign). |
| PARTNER BUSINESS ADDRESS | | | | |
| Eve T. Keenan PO Box 2 Slowm Rt 02877 | | | | 77 |
| | | | | |
| , , , , , , , , , , , , , , , , , , , | | | | |
| | | | | |
| | | | | |
| | | | | |
| 8. Under penalty of perjury, I de and correct. | eclare and affirm that I have exam | ined this report, and that all st | atements contain | ed herein are true |
| Name of General Partner or Authorized Representative | | | Date | |
| Dawson T. Hodgson | | | 3/50/ | 25 |
| Signature of General Partner | or Authorized Representative | | | |
| 17271 | | | | |

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 -664 Revised: 12/2023