	State of Rhode Island and Provide Office of the Secretary of	
	-	
	Division Of Business Servi	ces
	148 W. River Street	-
	Providence RI 02904-26	15
HOPE	(401) 222-3040	
imited Liability C	Company	
Annual Report		
iling Period: Septemb	er 1 - November 1	
n accordance with R.I.	G.L. 7-16-66(d), each limited liability company fa	illing or refusing
	within thirty (30) days after the time prescribed k	
6-66(b&c)) is subject	to a penalty fee of \$25.00.	
ANNUAL REPORT YE	EAR: <u>2016</u>	
1. ID No. <u>00010</u>	2060	
2. Exact Name of th	e Limited Liability Company Valuation Info	mation Technology, L.L.C.
3. State of Formatic	on	
State: <u>IA</u>		
	ARTICLE III	
	ARTICLE III	
Using the following N	ARTICLE III AICS codes, please select the code that best de	scribes your business.
	-	-
NAICS Code	AICS codes, please select the code that best de	<u>6</u> <u>81</u>
NAICS Code	-	<u>6</u> <u>81</u>
NAICS Code 4. Brief Description	AICS codes, please select the code that best de	<u>6</u> <u>81</u>
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NAICS Code 4. Brief Description REAL ESTATE AP 5. Principal Office Ad No. and Street: 800	AICS codes, please select the code that best de of the Character of the Business Which is Ac PRAISAL SERVICES ddress 9 34TH AVE. SOUTH, SUITE 1300	<u>6</u> <u>81</u> tually Conducted in Rhode Island
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NAICS Code 4. Brief Description REAL ESTATE AP 5. Principal Office Ac No. and Street: 800 City or Town: BLC 6. Mailing Address c No. and Street: 40 F Contact Name: Con No. and Street: 40 F City or Town: IRV	AICS codes, please select the code that best de of the Character of the Business Which is Ac PRAISAL SERVICES ddress 9 34TH AVE. SOUTH, SUITE 1300 DOMINGTON Sta of Limited Liability Company and Name or Ti tact Title: PACIFICA AVENUE, SUITE 900 INE State as of Each Manager of the Limited Liability C	tually Conducted in Rhode Island te: <u>MN</u> Zip: <u>53425</u> Country: <u>USA</u> tle of Contact Person: E: <u>CA</u> Zip: <u>92618</u> Country: <u>USA</u>
NAICS Code 4. Brief Description of REAL ESTATE AP 5. Principal Office Ao No. and Street: 800 City or Town: BLO 6. Mailing Address of No. and Street: 40 F Contact Name: Con No. and Street: 40 F City or Town: IRV 7. Name and Address 1000	AICS codes, please select the code that best de of the Character of the Business Which is Ac PRAISAL SERVICES ddress 9 34TH AVE. SOUTH, SUITE 1300 DOMINGTON Sta of Limited Liability Company and Name or Ti tact Title: PACIFICA AVENUE, SUITE 900 INE State as of Each Manager of the Limited Liability C	6 81 tually Conducted in Rhode Island te: MN Zip: 53425 Country: USA tle of Contact Person: e: CA Zip: 92618 Country: USA

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

Signed this 1 Day of November, 2016 at 8:11:11 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>STERGIOS THEOLOGIDES</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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