



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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.

1. ID No. 152341		2. Exact name of the limited liability company Finiti, LLC.	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE APPRAISAL SERVICES	
5. Principal office address 7090 SAMUEL MORSE DRIVE		City Columbia	State MD
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name KATHLEEN A. ELZEA		Contact Title COMPLIANCE ADVISOR	Zip 21046
Street Address 7777 Washington Avenue South		City Edina	State MN
Zip 55439			
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-

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

File Date	FILED
Check No.	SEP 20 2007
By	980017571
FOR SECRETARY OF STATE USE ONLY	

Kathleen A. Elzea 9-6-07
Signature of Authorized Person Date
KATHLEEN A. ELZEA, Compliance Advisor
Print or Type Name of Authorized Person