

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

| 1. Corporate ID No. 260614 | 2. Name of Corpore Fry Appraisa | 2. Name of Corporation Fry Appraisal Company | | | |
|--|--|--|--|-------------------------------|---|
| 3. Street Address Principal Business Office 180 Twin Brook Lane | | | City Coventry | State R1 | <i>гџ</i> 02816 |
| 4. Business Phone No. 401-578-8571 | | 5. State of Incorpora Rhode Island | | | |
| Real estate appraisa | | | K JOSEPH ORGEN SIGNAGUNIAN OFFE A FARRANCINA F | DESCRIPTION TO DESCRIPTION OF | A THIN CALL THE DIMES |
| the contract of the contract o | RESSES OF THE OFFICE | ERS: ("X" BUX FUK | ATTACHMENT) FILL IN S Vice President Name | SPACES DEPORE USING | ATTACINALITY |
| President Name | | | Luke Fry | | |
| Luke Fry Stree Address 180 Twin Brook Lane | | | Street Address 180 Twin Brook Lane | | |
| Cit; | State | Zip | City | State | Zip |
| Coventry | RI | 02816 | Coventry | RI | 02816 |
| Secretary Name Luke Fry | | | Treasurer Name Luke Fry | | |
| Sirred Address 180 Twin Brook Lane | | | Street Address 180 Twin Brook Lane | | |
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| Director Name Luke Fry | | | | | NV. |
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| 180 Twin Brook L | ane | | | | Section 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| City | State RI | Zip 02816 | City | State | 24 |
| Coventry JRI JU2816 Director Name | | | Director Name | | |
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| 9. SHARES AUTHOF | RIZED (*X**BOX:FOR > Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 9. SHARES AUTHOR AUTHORIZED SHARES | Class/Series | | | Class/Series common | |

this report must be executed on behalf of the corporation by the receiver or trustee.

| File Date | | |
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| | 577, 5572, 4751 |
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| Under penalty of perjury, I declare ar including any accompanying schedul | nd affirm that I have examined this report, les and statements, and that all statements |
| contained herein are true and correct | |
| Signature | Date |
| Luke Fry | |
| Print or Type Name | |
| President | |
| Title | Form 630 Rev. 12/06 |