

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

Fee: \$50.00

Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040

| LOGOUT |

Business Corporation Annual Report

Filing Period: January 1 - March 1

3

Help with this form

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.

1501(c&d)) is subject to a penalt	y fee of \$25.00.							
ANNUAL	REPORT YEAR: 200	08							
1. Corpo	rate ID No. 0000°	77066							
2. Name	of Corporation Ama	nto Appraisal Associates	Inc.						
3. Street	Address Principal Bu	usiness Office:							
No. and S	Street: 5 BIRCHWOO								
City or To	wn: JOHNSTON	Sta	te: RI	Zip. 02919	Country: USA				
4. Busine	ess Phone No.								
401-273-8830									
5. State of Incorporation									
State: RI									
6. Brief D	escription of the Ch	aracter of Business Cond	ucted in	n Rhode Island					
THE APPRAISAL OF ALL FORMS OF REAL ESTATE.									
MAR 0 4 2008									
By 1096 KM									
				من المناسب لا منا					
7. Names	and Addresses of ti	ne Officers and Directors:			, <u>(</u>				
	Title	Individual Name		Address					
Delete	PRESIDENT	First, Middle, Last, Suffix ROBERT SANTO AMATO		Address, City or Town, State, Zip Code, Country					
				5 BIRCHWOOD DRIVE JOHNSTON, RI 02919 USA					

State of Rhode Island and Providence Plantations - Domestic Profit Corporation Filings

1									
Select From Below	Title:								
First Name:	Middle Name:	Middle Name: Last Name:		Suffix:					
Address:	City:	State:	Zip:	Country:					
Address:				Clear Add					
8. Shares Authorized and Issued									
Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares					
STK		\$0.01	2,000.00	2,000.00					
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.									
Filer's Contact Information (Enter a contact name, mailing address and email.) Contact Name: Robert S. Amato									
Business Name: Amato Appraisal Associates, Ir									
No. and Street: 5 Birchwood Dr Same Address as -									
City or Town: John	nston,	State RI	Zip: 02919	Country: USA					
Contact Phone: 401-273-8830 ext:									
Clear Please provide an email address to receive an expedited response from the Corporations Division in the filling is rejected for any reason. If no small address is provided, correspondence from the Division will be sent by mail.									
Signed this 1 Day of March, 2008 at 12:28:20 PM. 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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.									
By Solution Signature of Au	FILE	D							
orginate or Au	morizou representati	or are corporation	MAR 0 4 2008						
PRESIDENT Title	Ву								

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-1.2. You hereby agree that any legal issues or causes of action arising from the submission of this