

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 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

Filing Period:	January 1 - March 1 • Fill	ing Fee: \$50.00" • Inia KEPU	KI MUST BE TIPED OR	for the sime succeived by law (R) G	I 7-1 2-1501(cerd)) is
* In accordance with	h R.I.G.L. 7-1.2-1501(e), each co	rporation failing or refusing to file its ann	tual report within thirty (30) days a	ister the time prestricted by the (161.6	.11. / 1/2 1301(19)
subject to a penalty ;	fee of \$25.00.				

ubject to a penalty fee of \$25.	.00.	ation failing or rejusing to file its ann					
1. Corporate ID No. 82755	2. Name of Corpo Besson App	oration praisals, Inc.					
3. Street Address Principal Business Office 25 Mary Ann Drive			City Exeter	RI.	^{Zip} 02822		
4. Business Phone No. 401-294-7047		5. State of Incorporation Rhode Island	ion				
5. Brief Description of the Ch To engage in the busi	iness of a real estate	appraiser.		one cro become using	ATTACHMENTS		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Leigh A. Besson			Vice President Name Leigh A. Besson				
Street Address 25 Mary Ann Drive	treet Address			Street Address 25 Mary Ann Drive			
City Exeter	State Ri	^{Zip} 02822	city Exeter	State RI	^{Ζψ} 02822		
Secretary Name Karen Anne Besson			Treasurer Name Karen Anne Besson				
Street Address 25 Mary Ann Drive			Street Address 25 Mary Ann Drive				
City Exeter	State RI	^{Ζψ} 02822	City Exeter	State RI	^{Ziμ} 02822		
8. NAMES AND ADDR Director Name None	RESSES OF THE DIRE	ECTORS: ("X" BOX FOR AT	TACHMENT) TELL I	n spaces before usin	G ATTACHMENTS		
Street Address			Street Address				
City	State	Zip	City	State	$Z\psi$		
Director Name		J	Director Name				
Street Address			Street Address				
City	State	Zψ	Сйу	State	Ζψ		
9. SHARES AUTHORI	IZED			D ("X" BOX FOR ATTAC SECTION MUST BE COMPLETE	D		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value		
			500	Common	No Par		
This report must be e	xecuted on behalf of the	the corporation by an authori he corporation by the receive	zed representative. If the or trustee.	corporation is in the han	ds of a receiver or truste		

	Under penalty of perjury, I declare and affirm to including any accompanying schedules and sta	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements			
File Date FILED	contained herein are true and correct. Karen Quere Besson				
	Signature	Date			
Check No. JAN 1 2 2009	Karen Anne Besson				
150/	Print or Type Name				
By: -By	Treasurer				
FOR SECRETARY OF STATE USE ONLY	Title	Form 630 Rev. 08/08			