

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.

* 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(e&d)) is

subject to a penalty fee of \$25.00.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1. Corporate ID No. 35672	2. Name of Corporation C.M.I. Appraisals, Inc.					
3. Street Address Principal Business Office 178 Stubble Brook Road			West Greenwich	State RI	^{Zip} 02817	
4. Business Phone No. 5. State of Incorporation Rhode Island		5. State of Incorporation Rhode Island				
TO OFFER VALUE APPRAISALS ON ALL TYPES OF REAL ESTATE AND TO SELL REAL ESTATE						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Lance R. Cooper			CHMENT) THIL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Jeanne R. Cooper			
Street Address 178 Stubble Brook Road			Street Address 178 Stubble Brook Road			
City West Greenwich	State RI	<i>хір</i> 02817	Сііу West Greenwich	State RI	^{Zip} 0281 7	
Secretary Name Jeanne R. Cooper			Treasurer Name Lance R. Cooper			
Street Address 178 Stubble Brook Road			Street Address 178 Stubble Brook Road			
West Greenwich	State RI	^{Zip} 02817	City West Greenwich	State RI	^{Ζφ} 02817	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	Сиу	State	Ζф	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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 Value	
This report must be executed this report must be executed of	-			ation is in the hands of a	receiver or trustee,	

FILED					
File Date					
Check No					
By:					
FOR SECRETARY OF STATE USE ONLY					

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Under penalty of perjury, I declare and affirm that I	have examined this report,
including any accompanying schedules and statement	nts, and that all statements
contained herein are true and correct.	. ,
· who I D. Chon	1/19/2009
Signature ancel Cotpar	Date 1/19/2009
Lance R. Cooper	
Print or Type Name	
President	
Title	