

Matthew A. Brown, Secretary of State Corporations Division 148 W. River St.

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*
* 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

1. Corporate ID No. 123306	2. Name of Corp.	16 subject to a penalty fee of \$25.00. 2. Name of Corporation Capraro Appraisal Company				
3. Street Address Principal Business Office 1515 Smith Street			City North Providence	State RI	Zip	
4. Business Phone No. 5. State of Incorpor. 401 353-5500 Rhode Island					02911	
6. Brief Description of the Chara Appraisal of Real Estate	cter of Business Conduc		1,044	***************************************	1000	
7. NAMES AND ADDRES	SES OF THE OFFI	CERS: ("X" BOX FOR A	ATTACHMENT) [FILL IN SP.	ACES BEFORE USING	ATTACHMENTS	
President Name Thomas Capraro Jr.			Vice President Name Thomas Capraro Jr.			
Street Address 101 Angell Avenue			Street Address 101 Angell Avenue			
North Providence	State RI	Zip 02911	City North Providence	State RI	<i>Zip</i> 02911	
Secretary Name Thomas Capraro Jr.			Treasurer Name Thomas Capraro Jr.			
Street Address 101 Angell Avenue			Street Address 101 Angell Avenue			
City North Providence	State RI	<i>хір</i> 02911	City North Providence	State RI	Zip 02911	
8. NAMES AND ADDRESS Director Name	SES OF THE DIREC	CTORS: ("X" BOX FOR	ATTACHMENT) T FILL IN S	PACES BEFORE USIN	IG ATTACHMENTS	
Struct Address						
unnet Address			Street Address			
Сиу	State	Zip	City	State	Zip	
Director Name	J		Director Name		l	
Street Address			Street Address			
Сцу	State	Zip	Сиу	State	Zip	
9. SHARES AUTHORIZED AUTHORIZED SHARES	 	ATTACHMENT)	10. SHARES ISSUED (*	X" BOX FOR ATTAC	 HMENT)	
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Por Value	
1	Common	0.1	1	Common	0.1	
	•					
This report must be execut	ed on behalf of the	corporation by an author	orized representative. If the corp	oration is in the hand	s of a receiver or trustee	
this report must be execute	ed on behalf of the	corporation by the recei-	ver or trustee.			
			Under penalty of perjuding any accomp	ary, I declare and affirm	that I have examined this re	
File DateZuZ	1-19		contained herein are to	rue and gorrect.	atements, and that all staten	
File Date	115		Signature	Mar X	2-23-07	
Check No	X10_		Thomas Capra	()	Date	
Ву:	nnc		Print or Type Name	io Ji, 💛 💮	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
FOR SECRETARY OF	STATE USE ONLY		President			
			Title			