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

A. Ralph Mollis, *Secretary of State*
Corporations Division
[illegible]

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

[illegible]

1. File No.	2. Exact name of the limited liability company
164092	CORNERSTONE APPRAISAL SERVICES, LLC

3. State of formation	4. Brief description of the character of the business actually conducted in Rhode Island
RHODE ISLAND	REAL ESTATE APPRAISALS

5. Principal office address	City	State	Zip
125 EAST KILLINGLY ROAD	FOSTER	RI	02825

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
DAVID S. COLE	PRESIDENT		
Street Address	**City**	**State**	**Zip**
SAME			

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u>
FILL IN SPACES BEFORE USING ATTACHMENTS (X BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-06 (b).

164092

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[signature] 4/28/09
Signature of Authorized Person *Date*

DAVID COLE
Print or Type Name of Authorized Person

File Date	4-30-09
Check No.	1074
By	MNC

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 08/08