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

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 2010

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(c), 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(a)), is subject to a penalty fee of $25.00*

1. Corporate ID No.	2. Name of Corporation
140612	JAMIE MOORE APPRAISAL SERVICES, INC.

3. Street Address Principal Business Office	City	State	Zip
46 SHEFFIELD ST.	WARWICK	RI	02889

4. Business Phone No.	5. State of Incorporation
401-743-2963	RHODE ISLAND

6. Brief Description of the General Type of Business Conducted in Rhode Island
RESIDENTIAL REAL ESTATE APPRAISALS | CONSULTING

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
JAMIE MOORE	BRIAN MOORE
Street Address: 46 SHEFFIELD ST.	Street Address: 46 SHEFFIELD ST
City: WARWICK / State: RI / Zip: 02889	City: WARWICK / State: RI / Zip: 02889
Secretary Name: NONE	Treasurer Name: NONE
Street Address:	Street Address:
City / State / Zip:	City / State / Zip:

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
NONE	NONE
Street Address:	Street Address:
City / State / Zip:	City / State / Zip:
Director Name: NONE	Director Name: NONE
Street Address:	Street Address:
City / State / Zip:	City / State / Zip:

2011 MAR 29 PM 3:57

9. SHARES AUTHORIZED N/A N/A

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

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.

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
NONE	NONE	NONE

This report must be executed on behalf of the corporation by an authorized representative. If the 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.

[redacted]

FILED

File Date: MAR 29 2011
Check No: cc
By: BY 141267

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Jamie D Moore 3/28/11
Signature *Date*

JAMIE D. MOORE
Print or Type Name

PRESIDENT
Title

Form 630 Rev. 08/08