



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 159196		2. Exact name of the limited liability company Sterling Appraisal Services, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Appraising Both Residential and Commercial Properties			
5. Principal office address 136 West Main Rd.		City Middletown	State RI	Zip 02842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name David A. McCauley		Contact Title Member			
Street Address 136 West Main Rd.		City Middletown	State RI	Zip 02842	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS. (X) BOX FOR ATTACHMENTS: <input type="checkbox"/>					
Manager Name Richard Carruba		Manager Name John A. Silvia			
Street Address 136 West Main Rd.		Street Address 136 West Main Rd.			
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
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 Form 642.					

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

FILED
 NOV 27 2012
 855

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 of Authorized Person: *[Signature]* Date: *11/26/12*
 Print or Type Name of Authorized Person: **John A. Silvia**