



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 43934		2. Exact name of the Corporation Mortgage Appraisal Co.					
3. Principal office address 141 Alpine Estates Drive		City Cranston	State RI	Zip 02921			
4. Business Phone No. 401-739-2100		5. State of Incorporation Rhode Island					
6. Brief description of the character of business conducted in Rhode Island Appraisals real estate							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Michael J. Connell		Vice-President Name Michael J. Connell					
Street Address 141 Alpine Estates Drive		Street Address 141 Alpine Estates Drive					
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921		
Secretary Name Michael J. Connell		Treasurer Name Michael J. Connell					
Street Address 141 Alpine Estates Drive		Street Address 141 Alpine Estates Drive					
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name None		Director Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
					100	Common	No Par Value

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.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 12 2013

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 Representative

Date

Michael J. Connell

Print or Type Name of Authorized Representative

CR # 12181