



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. 67160 | | 2. Exact name of the Corporation Hogan Appraisal Associates, Inc. | | | | | |
| 3. Principal office address 294 Valley Road | | | | City Middletown | | State RI | Zip 02842 |
| 4. Business Phone No. 401-845-9500 | | | | 5. State of Incorporation Rh | | | |
| 6. Brief description of the character of business conducted in Rhode Island To perform and render appraisal services for individuals, banks and companies, and to appraise real estate and other assets. | | | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | | | |
| President Name Leslie M. Hogan | | | | Vice-President Name | | | |
| Street Address 128 Prospect Hill St. | | | | Street Address | | | |
| City Newport | | State RI | Zip 02840 | City | | State | Zip |
| Secretary Name | | | | Treasurer Name | | | |
| Street Address | | | | Street Address | | | |
| City | | State | Zip | City | | State | Zip |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | | | |
| Director Name | | | | 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 |
| | | | | 4,000 | CNP | | \$0.00 |
| | | | | | | | |

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 SECRETARY OF STATE
 CORPORATIONS DIV

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: _____

FILED

FEB 27 2013

BY *W* 191177

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 *Leslie M. Hogan* Date *2/27/13*

Leslie M. Hogan
 Print or Type Name of Authorized Representative