

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

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

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

1. Entity ID No.	2. Exact nan	ne of the Corporation				
105477	Slater A	Slater Appraisal Service, Inc.				
3. Principal office address 236 John Mowry Road			City Smithfield	State RI	Zip 02917	
4. Business Phone No. 401-233-0960			5. State of Incorporation Rhode Island			
6. Brief description of the Auto Appraisal Se		conducted in Rhode Island	j '			
7. UST ALL OFFICERS	NAMES AND ADDR	esses) ("X" ag a o ra			RA S	
President Name Richard Slater, Jr.			Vice-President Name Richard Slater, Jr.			
Street Address 236 John Mowry Road			Street Address 236 John Mowry Road			
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917	
Secretary Name Richard Slater, Jr.			Treasurer Name Richard Slater,	Jr.	N	
Street Address 236 John Mowry Road			Street Address 236 John Mowry Road			28. 28. 28.
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	^{Zip} 5 2917 5 2	700 A
	S (NAMES AND ADD	RESSES) ("X" BOX FOR A			4	2 2
Director Name Richard Slater, Jr.			Director Name N/A ⊋			
Street Address 236 John Mowry Road			Street Address N/A			STA
City Smithfield	State RI	Zip 02917	City N/A	State N/A	Zip N/A	
Director Name N/A			Director Name N/A			
Street Address N/A			Street Address N/A			
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A	
SHARES AUTHORIZE			10.SVATES ISSUED			STILL STATE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of instruction speet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	-
This report must be exec		corporation by an authorized at be executed on behalf of			of a receiver or trustee,	
Salahar Asia da Asia	and report mus	n De executed on Denall Of	, .		m that I have examined	
File Ogle			this report, including any accompanying schedules and statements, and that all statements contained heyein are true and correct.			
By			Signature of Authorized Representative Date			
FOR SECRETARY OF	TATE USE ONLY		MICHANO	2 SKATET	7 /7	
orm No. 630	S one of the second		Print or Type Name of Authorized Representative			

Form No. 630 Revised: 01/2012 **FILED**

JUN 17 2013 By A. A. 12:12 p.m