



**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. <b>105477</b>		2. Exact name of the Corporation <b>Slater Appraisal Service, Inc.</b>			
3. Principal office address <b>236 John Mowry Road</b>			City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
4. Business Phone No. <b>401-233-0960</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Auto Appraisal Service</b>					
7. LIST ALL OFFICERS, MANAGERS AND ADDRESSES ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Richard Slater, Jr.</b>			Vice-President Name <b>Richard Slater, Jr.</b>		
Street Address <b>236 John Mowry Road</b>			Street Address <b>236 John Mowry Road</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
Secretary Name <b>Richard Slater, Jr.</b>			Treasurer Name <b>Richard Slater, Jr.</b>		
Street Address <b>236 John Mowry Road</b>			Street Address <b>236 John Mowry Road</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Richard Slater, Jr.</b>			Director Name <b>N/A</b>		
Street Address <b>236 John Mowry Road</b>			Street Address <b>N/A</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>N/A</b>	State <b>N/A</b>	Zip <b>N/A</b>
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address <b>N/A</b>			Street Address <b>N/A</b>		
City <b>N/A</b>	State <b>N/A</b>	Zip <b>N/A</b>	City <b>N/A</b>	State <b>N/A</b>	Zip <b>N/A</b>
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.					
600		#1000 Par Value		NUMBER OF SHARES	CLASS/SERIES
				100	Common
					PAR VALUE
					10.00

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 By: \_\_\_\_\_  
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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]* 6-14-13  
 Signature of Authorized Representative Date  
 RICHARD R SLATER JR  
 Print or Type Name of Authorized Representative

**FILED**

JUN 17 2013

By A. A. 12:12 p.m.