

## 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 2014

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.	2. Exact na	me of the limited liabilit	ty company	<del> </del>	
159196	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 <b>Middletown</b>	State RI	Zip <b>02842</b>
Contain Mercini Haras	នៅរៀមរដ្ឋមានសម្រើរៀបន	हें। लब्धेयुविस्तर असम्बद्ध	पार्तिक बोर पहेंचेराच बोर्च स्टब्सिक्ट हैंडी	i floreig.	10.0
Contact Name DAVID A. McCAULEY			Contact Title MEMBER		
Street Address 136 West Main Rd.			City <b>Middletown</b>	State RI	Zip <b>02842</b>
ਲ਼ਜ਼ਜ਼ਫ਼ਖ਼੶ੑੑਖ਼ਖ਼ਜ਼ਖ਼ਲ਼ਖ਼ਲ਼ਖ਼ਜ਼ਜ਼ਫ਼ਖ਼ ਲ਼ਲ਼ਲ਼ੑਖ਼ਫ਼ਲ਼ਫ਼ਜ਼ਗ਼ਫ਼ਖ਼ਜ਼ਲ਼ਖ਼ਜ਼	UMJĖ¥KU ir (D) NEV <b>O</b> :	।;।≆ছা≄ট •া≕দ়ং।≅।•।	Minephenation	/;{:1;}w(e/;\=);; - • j.o.	अहम्साठमाठ वसम स्थाऽ
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 <b>02842</b>	City MIDDLETOWN	State <b>RI</b>	Zip <b>02842</b>
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
स्याच्याणं <b>वरत्त्रस्</b> वत् वरत्।रक्ष	:(•ાગરુકા <u>યું</u> ,જા•ે			1	
This information is current	ly of record in the	Office of the Secret	ary of State, Changes require fi	ing Form 642.	

**FILED** 

OCT 2 8 2014

, 4275

र होडिए (१५) स्मित्त्व (१५) इंग्रेड

Form No. 632 Revised: 01/2012 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements characteristics are flux and correct.

Signature of Authorized, Ferson

Date

JOHN A. SILVIA - MANAGER

Print or Type Name of Authorized Person