

Revised: 01/2012

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 2015

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

1. Entity ID No.		me of the Corporation	EPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.			
148385	Lincol	Lincoln Appraisal & Settlement Services California, Inc.				
3. Principal office address 1057 Mineral Spring Avenue			City North Providence	ce State	Zip 02904	
4. Business Phone No. 401-831-3500			5. State of Incorporation Rhode Island			
6. Brief description of the cha					, , , , , , , , , , , , , , , , , , , 	
To conduct appraisal	ls relative to	real estate to secure	e indebtedness, sec	cured and unsecur	ed.	
7. LIST <u>all</u> officers (na	MES AND ADDI	RESSES) ("X" BOX FOR A				
President Name George T. Panichas			Vice-President Name George K. Demopulos			
Street Address 18 Stony Lane			Street Address 42 Sunset Road			
City Smithfield	State RI	Zip 02917	City Bristol	State RI	Zip 02809	
Secretary Name George K. Demopulos			Treasurer Name George T. Panichas			
Street Address same			Street Address same			
Dity	State	Zip	City	State	Zip	
B. LIST ALL DIRECTORS (N.	AMES AND ADI	RESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name George T. Panichas			Director Name George K. Demopulos			
Street Address same			Street Address same			
Dity	State	Zip	City	State	Zip	
Director Name			Director Name	,,,,		
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTACH	NENTY PASSESSES	
		<u> </u>	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. Section 9 of instruction sheet.			2000	Common	\$1.00	
This report must be executed		corporation by an authorize	ed representative. If the co	orporation is in the hands	of a receiver or trustee.	
		st be executed on behalf of	f the corporation by the re	ceiver or trustee.		
File Date			Under benalty 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.			
Check No				Wyh	1-22-13	
Ву:		FILED	Signature of Authoriz		Date	
FOR SECRETARY OF STAT	E USE ONLY			chas - President		
orm No. 630	enn. tuentone monthe Maked	EER 2 5 2015	Print or Type Name of	of Authorized Representa	itive	