



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.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 38700		2. Exact name of the Corporation ANDOLFO APPRAISAL ASSOCIATES, INC.			
3. Principal office address 216 Weybosset Street			City Providence	State RI	Zip 02903
4. Business Phone No. 401-273-1200			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island APPRAISAL OF REAL ESTATE - COMMERCIAL, RESIDENTIAL AND INDUSTRIAL					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Thomas S. Andolfo			Vice-President Name NONE		
Street Address 56 Plymouth Road			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Thomas S. Andolfo			Treasurer Name Thomas S. Andolfo		
Street Address 56 Plymouth Road			Street Address 56 Plymouth Road		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			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
			1000	Common	No Par

DIVISION OF
 SECRETARY OF
 CORPORATIONS
 MAR 2 2015

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: _____

FOR SECRETARY OF STATE USE ONLY

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.

FILED

Thomas S. Andolfo
 Signature of Authorized Representative
Thomas S. Andolfo, President
 Print or Type Name of Authorized Representative

2/27/15
 Date

MAR 02 2015
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