
	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	LOGOUT

Business Corporation Annual Report
Filing Period: January 1 - March 1

 Help with this form

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: <u>2014</u>			
1. Corporate ID No. <u>000140612</u>			
2. Name of Corporation <u>Jamie Moore Appraisal Services, Inc.</u>			
3. Street Address Principal Business Office:			
No. and Street:	<u>46 SHEFFIELD STREET</u>		
City or Town:	<u>WARWICK</u>	State: <u>RI</u>	Zip: <u>02889</u> Country: <u>USA</u>
4. Business Phone No.			
<u>401 743 8163</u>			
5. State of Incorporation			
State: <u>RI</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island			
TO OFFER PROPERTY APPRAISAL SERVICES TO THE GENERAL PUBLIC <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FILED</div> <div style="text-align: center; font-weight: bold; font-size: 1.1em;">MAR 18 2015</div>			
7. Names and Addresses of the Officers and Directors:			
BY <u>3089</u>			
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.			
Delete	Title	Individual Name <small>First, Middle, Last, Suffix</small>	Address <small>Address, City or Town, State, Zip Code, Country</small>

<input type="checkbox"/>	PRESIDENT	JAMIE D MOORE	46 SHEFFIELD STREET WARWICK, RI 02889- USA	
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Select From Below ▼

Title:

First Name:

Middle Name:

Last Name:

Suffix:

Address:

City:

State:

Zip:

Country:

Clear

Add

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	0.00

9. 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.

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name:

JAMIE MOORE

Business Name:

JAMIE MOORE APPRAISAL

No. and Street:

46 SHEFFIELD ST

- Same Address as - ▼

City or Town:

WARWICK

State:

RI

Zip:

02889

Country:

USA

Contact Phone:

401 743 8963

Contact Email:

JAMIEDMOORE@VERIZON.NET

Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 7 Day of March, 2015 at 8:34:15 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By

Signature of Authorized Representative of the Corporation

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

FILED

MAR 18 2015

3089

BY