

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 2016

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

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

1. Entity ID No.	2. Exact name o	2. Exact name of the Corporation				
62863	White App	White Appraisal Co., Inc.				
3. Principal office address 1000 Greenwich Avenue			City Warwick	State RI	Zip 02886	
4. Business Phone No. 401-738-9500			5. State of Incorporation Rhode Island			
6. Brief description of the character Real estate appraisals	cter of business cor	nducted in Rhode Islan	d			
7. LIST ALL OFFICERS (NAM	ES AND ADDRESS	ES) ("X" BOX FOR A	TTACHMENT)			
President Name S. Keith White, Jr.			Vice-President Name Nancy White			
Street Address 1000 Greenwich Avenue			Street Address 1000 Greenwich Avenue			
City Warwick	State Ri	Zip 02886	City Warwick	State RI	Zip 02886	
Secretary Name S. Keith White, Jr.			Treasurer Name S. Keith White, Jr.			
Street Address 1000 Greenwich Avenue			Street Address 1000 Greenwich Avenue			
City Warwick	State RI	Zip 02886	City State RI		Zip 02886	
8. LIST ALL DIRECTORS (NAM	MES AND ADDRES	SES) ("X" BOX FOR	ATTACHMENT)		ω (V)	
Director Name S. Keith White, Jr.			Director Name		COC	
Street Address 1000 Greenwich Avenue			Street Address			
City Warwick	State RI	Zip 02886	City	State	ZIF TO SOLE	
Director Name			Director Name			
Street Address			Street Address 33 Tri			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
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	
			100	Common	No Par	
This report must be executed or			od representative. If the cities the corporation by the re		ds of a receiver or trustee,	
File Date	·	FILED	Under penalty of potential this report, including	erjury, i declare and afi ng any accompanying	firm that I have examined schedules and statements,	
Check No 17597 JAN 14 2016			and that all statements contained herein are true and correct.			
By:FOR SECRETARY OF STATE		745221	-	ized Representative	Date	
FOR SECRETARY OF STATE	200,70-1	S. Keith White, Jr. Print or Type Name of Authorized Representative				
orm No. 630			rinitor type mame	or Authorized nepresen	ILAKYO	

Form No. 630 Revised: 01/2012