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State of Rhode Island and Providence Plantations

Office of The Secretary of State

100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0038700

Annual Report for the year: 1994

Name of Business Entity: ANDOLFO APPRAISAL ASSOCIATES, INC.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: [redacted]

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

995 Park Avenue
Cranston, RI 02910

Phone: (401) 944-4950

Business Entity is (check one):

[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Thomas S. Andolfo, President
56 Plymouth Rd.
North Providence, RI

Brief statement of the character of business conducted in Rhode Island:

appraisals of real estate to include commercial, residential & industrial

Date of Organization: May 14, 1986

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One) Thomas S. Andolfo	56 Plymouth Rd.	No. Providence, RI	
☐ CHIEF OPERATING OFFICER OR ☐ VICE PRESIDENT (Check One)			
☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One) Thomas S. Andolfo	As above		
☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One) Thomas S. Andolfo	As above		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
N/A			

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	1,000	NUMBER	1,000
CLASS	Common	CLASS	Common
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	No Par Value	PAR VALUE OR WITHOUT PAR	No Par Value

Date Feb. 16, 1994

By: Thomas S. Andolfo

Thomas S. Andolfo
PRINT OR TYPE NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

ARMANDO O. MONACO, II
995 PARK AVENUE
CRANSTON RI 02910

FILED
FEB 22 1994
By Rem CK 8916