

State of Rhode Island / Department of \$

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Business Services Division

Annual Report for the year: **Limited Liability Company** 

→ Filing period: September 1 - November 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
14470	MIRAMAR APPRAISAL, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
53 - Real Estate and Rental and	REAL ESTATE				
5. State of Formation					
RHODE ISLAND	<u>.</u>				
6. Principal Office Address			City	State	Zip
3758 TOWER HILL ROAD			WAKEFIELD	RI	02879
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name CHARLENE HAGGARTY			Contact Title MEMBER		
Street Address PO BOX 553			City NARRAGANSETT	State RI	<sup>Zip</sup> 02882
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person Date					
CHARLENE HAGGARTY CHARLES 10/03/2016					
Signature of Authorized Person  Charlene Hackardent (1988)					

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov