

R.I. DEP I. OF ST BUS SYCS DI	ATE
2016 NOY -7 PM T	: 24

Annual Report for the year:	2014
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 nam	ne of the Limited	Liability Company		
000159464	Statewide Real Estate Appraisal, LLC				
3. NAICS Code 53 - Real Estate and Rental	4. Brief description of the character of business conducted in Rhode Island Real estate appraisal and consulting				
5. State of Formation					
Rhode Island					A Section 1 to 1
6. Principal Office Address			City	State	Zip
7 Hillcrest Avenue			Johnston	RI	02 9 79
7. Mailing Address of Limited Lia	bility Compan	y and Name or Ti			
Contact Name Michael J. Miale, S	t Name Michael J. Miale, Sr Contact		Contact Title President	Contact Title President	
Street Address 7 Hillcrest Ave	t Address 7 Hillcrest Ave		City Johnston	State RI	^{Zip} 02919
8. List ALL managers (names ar		of the Limited Lia	ability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS
Manager Name Michael J. Miale, Sr		Manager Name			
Street Address 7 Hillcrest Ave		Street Address			
City Johnston	State RI	^{Zip} 02919	City	State	Zip ····
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
**		<u>.</u>	_	Check the box to i	ndicate an attachment
9. Resident Agent in Rhode Islan	d. This informa	tion is currently of re	ecord with the Department of St	ate. Changes require filir	g Form 642.
Under penalty of perjury, I decistatements, and that all statem				ng any accompanyin	g schedules and
Name of Authorized Person			Date		
Michael J. Miale, Sr	_	1 ,		11/03/20)16
Signature of Authorized Person	Alle.	SIGN DO	DOUMENT HERE		
-					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

NOV 1 6 2016

BY Ce 788611