	State of Rhode Island and Providence Plantations Fee: \$ Office of the Secretary of State
	Division Of Business Services
	148 W. River Street
	Providence RI 02904-2615
HOPE	(401) 222-3040
imited Liabilit	
Innual Report	: ember 1 - November 1
	R.I.G.L. 7-16-66(d), each limited liability company failing or refusing port within thirty (30) days after the time prescribed by law (R.I.G.L. 7-
	iect to a penalty fee of \$25.00.
ANNUAL REPOR	t year: <u>2016</u>
1. ID No. <u>00</u> 0	0146652
2. Exact Name of	of the Limited Liability Company ERA Appraisal Services LLC
3. State of Form	ation
State: <u>RI</u>	
	ARTICLE III
Using the followin	ARTICLE III g NAICS codes, please select the code that best describes your business.
	g NAICS codes, please select the code that best describes your business.
Using the followin	
NAICS Code	g NAICS codes, please select the code that best describes your business.
NAICS Code	g NAICS codes, please select the code that best describes your business. $\underline{53}$
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NAICS Code 4. Brief Descripti REAL ESTATE 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre	g NAICS codes, please select the code that best describes your business.
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NAICS Code 4. Brief Descripti <u>REAL ESTATE</u> 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre Contact Name: No. and Street:	g NAICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Descripti REAL ESTATE 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre Contact Name: No. and Street: City or Town:	g NAICS codes, please select the code that best describes your business. <u>53</u> fon of the Character of the Business Which is Actually Conducted in Rhode Island <u>APPRAISAL</u> e Address <u>247 WOODRIDGE DRIVE</u> <u>SAUNDERSTOWN</u> State: <u>RI</u> Zip: <u>02874</u> Country: <u>USA</u> ss of Limited Liability Company and Name or Title of Contact Person: <u>TED OSTERHOFF</u> Contact Title: <u>PARTNER</u> <u>247 WOODRIDGE DRIVE</u> <u>SAUNDERSTOWN</u> State: <u>RI</u> Zip: <u>02874</u> Country: <u>USA</u> tress of Each Manager of the Limited Liability Company, if Applicable.
NAICS Code 4. Brief Descripti REAL ESTATE 5. Principal Offic No. and Street: City or Town: 6. Mailing Addreet: Contact Name: No. and Street: City or Town: 7. Name and Add	g NAICS codes, please select the code that best describes your business. <u>53</u> fon of the Character of the Business Which is Actually Conducted in Rhode Island <u>APPRAISAL</u> e Address <u>247 WOODRIDGE DRIVE</u> <u>SAUNDERSTOWN</u> State: <u>RI</u> Zip: <u>02874</u> Country: <u>USA</u> ss of Limited Liability Company and Name or Title of Contact Person: <u>TED OSTERHOFF</u> Contact Title: <u>PARTNER</u> <u>247 WOODRIDGE DRIVE</u> <u>SAUNDERSTOWN</u> State: <u>RI</u> Zip: <u>02874</u> Country: <u>USA</u> tress of Each Manager of the Limited Liability Company, if Applicable.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

TED L. OSTERHOFF 247 WOODRIDGE DRIVE SAUNDERSTOWN, RI 02874

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

## Signed this 19 Day of November, 2016 at 10:05:29 AM by the authorized person. 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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

## By <u>TED OSTERHOFF</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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