



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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RECEIVED
R.I. DEPT. OF STATE
BUS. SERVICES DIV.

1. Entity ID Number 62863		2. Exact name of the Corporation White Appraisal Co., Inc.			
3. Principal Office Address 1000 Greenwich Avenue		City Warwick		State RI	Zip 02886
4. NAICS Code 81 - Other Services (except Pub	6. Brief description of the character of business conducted in Rhode Island Real Estate appraisals				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name S. Keith White Jr.			Director Name		
Street Address 1000 Greenwich Avenue			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100		
			Common		
			No Par		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative S. Keith White, Jr.			FILED		Date 1-12-2017
Signature of Authorized Representative <i>S. Keith White</i>					
			JAN 19 2017		

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

BY 00293563