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.

1. Entity ID Number	2. Exact name of the Corporation			
129467	**AXELROD APPRAISALS, INC..**			
3. Principal Office Address: **3 Carnival Terrace**		City: **West Warwick**	State: **RI**	Zip: **02893**
4. NAICS Code: **53 - Real Estate and Rental a**	6. Brief description of the character of business conducted in Rhode Island: **the appraisal of residential and other premises**			
5. State of Incorporation: **Rhode Island**				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **Laurel Rocchio**			Vice-President Name		
Street Address: **3 Carnival Terrace**			Street Address		
City: **West Warwick**	State: **RI**	Zip: **02893**	City	State	Zip
Secretary Name: **Laurel Rocchio**			Treasurer Name: **Laurel Rocchio**		
Street Address: **3 Carnival Terrace**			Street Address: **3 Carnival Terrace**		
City: **West Warwick**	State: **RI**	Zip: **02893**	City: **West Warwick**	State: **RI**	Zip: **02893**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: **Laurell Rocchio**			Director Name		
Street Address: **3 Carnival Terrace**			Street Address		
City: **West Warwick**	State: **RI**	Zip: **02893**	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**100**	**common**	**no par**
Changes require an additional filing.			

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	Date
Laurel Rocchio, President	2-21-2017

Signature of Authorized Representative: Laurel J. Rocchio

2 27 2017

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MAIL TO:
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