Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2016 1. ID No. 001661378 2. Exact Name of the Limited Liability Company American Appraisal Associates, LLC 3. State of Formation State: DE LITICLE III Using the following NAICS codes, please select the code that best describes your business. MAICS Code 81
(401) 222-3040 Linited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2016 1. ID No. 001661378 2. Exact Name of the Limited Liability Company American Appraisal Associates, LLC 3. State of Formation State: DE ARTICLE III Using the following NAICS codes, please select the code that best describes your business. MAICS Code 81
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NAICS Code <u>81</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island
VALUATION AND FIXED ASSET MANAGEMENT ADVISOR.
5. Principal Office Address
No. and Street:55 EAST 52ND STREETCity or Town:NEW YORKState: NYZip: 10055Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name: Contact Title: No. and Street: <u>C/O DUFF & PHELPS</u> 55 EAST 52ND STREET
City or Town: <u>NEW YORK</u> State: <u>NY</u> Zip: <u>10055</u> Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS
Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

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

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET, #700 PROVIDENCE, RI 02903

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

Signed this 2 Day of May, 2017 at 9:11:35 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>DINA IRIZARRY, SPECIAL MANAGER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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