



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<br><b>69135</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                    | 2. Exact name of the Corporation<br><b>United Appraisal Group, Inc.</b>                                                                                            |                                                                                                                                                                                                                                                                   |                        |                     |                  |              |           |            |               |               |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|------------------|--------------|-----------|------------|---------------|---------------|--|--|--|
| 3. Principal Office Address<br><b>128 Gansett Avenue</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                                                                                                                                    | City<br><b>Cranston</b>                                                                                                                                                                                                                                           | State<br><b>RI</b>     | Zip<br><b>02910</b> |                  |              |           |            |               |               |  |  |  |
| 4. NAICS Code<br><b>53 - Real Estate and Rental and</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>BUSINESS OF APPRAISING AND EVALUATING PROPERTY OF EVERY KIND AND DESCRIPTION</b> |                                                                                                                                                                                                                                                                   |                        |                     |                  |              |           |            |               |               |  |  |  |
| 5. State of Incorporation<br><b>Rhode Island</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                                                                                                                                    |                                                                                                                                                                                                                                                                   |                        |                     |                  |              |           |            |               |               |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |                    |                                                                                                                                                                    |                                                                                                                                                                                                                                                                   |                        |                     |                  |              |           |            |               |               |  |  |  |
| President Name<br><b>Paul Bordieri, Jr.</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                                                                                                    | Vice-President Name<br><b>None</b>                                                                                                                                                                                                                                |                        |                     |                  |              |           |            |               |               |  |  |  |
| Street Address<br><b>61 Wright Lane</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                                                                                                                    | Street Address                                                                                                                                                                                                                                                    |                        |                     |                  |              |           |            |               |               |  |  |  |
| City<br><b>North Kingstown</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   | State<br><b>RI</b> | Zip<br><b>02852</b>                                                                                                                                                | City                                                                                                                                                                                                                                                              | State                  | Zip                 |                  |              |           |            |               |               |  |  |  |
| Secretary Name<br><b>Paul Bordieri, Jr.</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                                                                                                    | Treasurer Name<br><b>Paul Bordieri, Jr.</b>                                                                                                                                                                                                                       |                        |                     |                  |              |           |            |               |               |  |  |  |
| Street Address<br><b>61 Wright Lane</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                                                                                                                    | Street Address<br><b>61 Wright Lane</b>                                                                                                                                                                                                                           |                        |                     |                  |              |           |            |               |               |  |  |  |
| City<br><b>North Kingstown</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   | State<br><b>RI</b> | Zip<br><b>02852</b>                                                                                                                                                | City<br><b>North Kingstown</b>                                                                                                                                                                                                                                    | State<br><b>RI</b>     | Zip<br><b>02852</b> |                  |              |           |            |               |               |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                                                                    |                                                                                                                                                                                                                                                                   |                        |                     |                  |              |           |            |               |               |  |  |  |
| Director Name<br><b>None</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                                                                                                    | Director Name<br><b>None</b>                                                                                                                                                                                                                                      |                        |                     |                  |              |           |            |               |               |  |  |  |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                                                                                                    | Street Address                                                                                                                                                                                                                                                    |                        |                     |                  |              |           |            |               |               |  |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State              | Zip                                                                                                                                                                | City                                                                                                                                                                                                                                                              | State                  | Zip                 |                  |              |           |            |               |               |  |  |  |
| Director Name<br><b>None</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                                                                                                    | Director Name<br><b>None</b>                                                                                                                                                                                                                                      |                        |                     |                  |              |           |            |               |               |  |  |  |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                                                                                                    | Street Address                                                                                                                                                                                                                                                    |                        |                     |                  |              |           |            |               |               |  |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State              | Zip                                                                                                                                                                | City                                                                                                                                                                                                                                                              | State                  | Zip                 |                  |              |           |            |               |               |  |  |  |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                                                                                    | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                             |                        |                     |                  |              |           |            |               |               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                                                                    | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>100</b></td> <td><b>Common</b></td> <td><b>No Par</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                        |                     | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | <b>100</b> | <b>Common</b> | <b>No Par</b> |  |  |  |
| NUMBER OF SHARES                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CLASS/SERIES       | PAR VALUE                                                                                                                                                          |                                                                                                                                                                                                                                                                   |                        |                     |                  |              |           |            |               |               |  |  |  |
| <b>100</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Common</b>      | <b>No Par</b>                                                                                                                                                      |                                                                                                                                                                                                                                                                   |                        |                     |                  |              |           |            |               |               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                                                                    |                                                                                                                                                                                                                                                                   |                        |                     |                  |              |           |            |               |               |  |  |  |
| 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.<br><b>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.</b> |                    |                                                                                                                                                                    |                                                                                                                                                                                                                                                                   |                        |                     |                  |              |           |            |               |               |  |  |  |
| Name of Authorized Representative<br><b>Paul Bordieri, Jr.</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                                                                                                    |                                                                                                                                                                                                                                                                   | Date<br><b>5/15/17</b> |                     |                  |              |           |            |               |               |  |  |  |
| Signature of Authorized Representative<br>                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                                                                                                                    |                                                                                                                                                                                                                                                                   |                        |                     |                  |              |           |            |               |               |  |  |  |

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FORM 630 - Revised: 10/2016