



RI SOS Filing Number: 201859065620 Date: 2/23/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

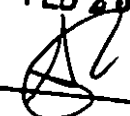
- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

2018 FEB 23 AM 3:39
RECEIVED
SECRETARY OF STATE
CORPORATIONS

1. Entity ID Number 62863		2. Exact name of the Corporation White Appraisal Co., Inc.			
3. Principal Office Address 200 Tollgate Road, Suite 103		City Warwick		State RI	Zip 02886
4. NAICS Code 531320		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 ☒					
President Name S. Keith White, Jr.			Vice-President Name Nancy White		
Street Address 200 Tollgate Road, Suite 103			Street Address 200 Tollgate Road, Suite 103		
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 200 Tollgate Road, Suite 103			Street Address 200 Tollgate Road, Suite 103		
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 ☐					
Director Name S. Keith White, Jr.			Director Name		
Street Address 200 Tollgate Road, Suite 103			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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE \$1.00
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.				Date 1/19/12	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 23 2018
BY  19469

FORM 630 - Revised: 10/2017