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

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SECRETARY OF STATE
CORPORATIONS

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.

1. Entity ID Number	2. Exact name of the Corporation
62863	White Appraisal Co., Inc.

3. Principal Office Address	City	State	Zip
200 Tollgate Road, Suite 103	Warwick	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531320	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	Street Address	City	State	Zip
S. Keith White, Jr.	200 Tollgate Road, Suite 103	Warwick	RI	02886

Vice-President Name	Street Address	City	State	Zip
Nancy White	200 Tollgate Road, Suite 103	Warwick	RI	02886

Secretary Name	Street Address	City	State	Zip
S. Keith White, Jr.	200 Tollgate Road, Suite 103	Warwick	RI	02886

Treasurer Name	Street Address	City	State	Zip
S. Keith White, Jr.	200 Tollgate Road, Suite 103	Warwick	RI	02886

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

Director Name	Street Address	City	State	Zip
S. Keith White, Jr.	200 Tollgate Road, Suite 103	Warwick	RI	02886

9. Shares Authorized

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	CLASS/SERIES	PAR VALUE
100	Common	$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	Date
S. Keith White, Jr.	1/15/18

Signature of Authorized Representative: S. Keith White

SIGN DOCUMENT HERE

FILED
FEB 23 2018
BY 19469

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

FORM 630 - Revised: 10/2017