



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.

1. Entity ID Number 000038700		2. Exact name of the Corporation Andolfo Appraisal Associates, Inc.			
3. Principal Office Address 216 Weybosset Street			City Providence	State RI	Zip 02903
4. NAICS Code 531320		6. Brief description of the character of business conducted in Rhode Island Appraisal of Real Estate - Commercial, Residential, Land, and Industrial			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas S. Andolfo			Vice-President Name Thomas S. Andolfo		
Street Address 56 Plymouth Road			Street Address 56 Plymouth Road		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 01904
Secretary Name Thomas S. Andolfo			Treasurer Name Thomas S. Andolfo		
Street Address 56 Plymouth Road			Street Address 56 Plymouth Road		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	Common	No Par
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. <i>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.</i>					
Name of Authorized Representative Thomas S. Andolfo					Date 2/28/18
Signature of Authorized Representative <i>Thomas S. Andolfo</i>			SIGN DOCUMENT HERE		

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

FILED
MAR 01 2018
 BY *[Signature]*