



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.

FILED

MAR 01 2018

STAMP

BY _____

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 129468		2. Exact name of the Corporation Blanchette Appraisal, Inc.	
3. Principal Office Address 23 Briar Hill Drive		City Cranston	State RI
		Zip 02921	
4. NAICS Code 531320	5. Brief description of the character of business conducted in Rhode Island Provide independent real estate appraisal service		
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 Christopher Blanchette		Vice-President Name	
Street Address 23 Briar Hill Drive		Street Address	
City Cranston	State RI	Zip 02921	
Secretary Name		Treasurer Name Christopher Blanchette	
Street Address		Street Address 23 Briar Hill Drive	
City	State	Zip	
City Cranston		State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name N/A		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.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		100	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 Christopher Blanchette		Date 2/20/18	
Signature of Authorized Representative 		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

MAR 01 2018
BY **2554 DS**

FORM 630 - Revised: 10/2017