



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

MAR 01 2018

STAMP

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.

BY _____

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		6. 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	City	State	Zip
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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		Common	
				PAR VALUE	
				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

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