



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2018

1. ID No. 000728872

2. Exact Name of the Limited Liability Company SPRINGHOUSE, LLC

3. State of Formation

State: MO

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531390

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

PROVIDES LICENSED APPRAISAL MANAGEMENT SERVICES, PRINCIPALLY TO REAL ESTATE MORTGAGE ORIGINATORS

5. Principal Office Address

No. and Street: 6404 INTERNATIONAL PARKWAY, SUITE
1000

City or Town: PLANO

State: TX Zip: 75093 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: TIMOTHY G.N. HARCOURT Contact Title: TREASURER

No. and Street: 1000 ABERNATHY RD STE 200

City or Town: ATLANTA

State: GA Zip: 30328-5604 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	JOSEPH A. DAVILA	40, AVENUE MONTEREY LUXEMBOURG CITY, XX L-2163 LUX

MANAGER	MARK F.A. KEARNS	40 AVENUE MONTEREY LUXEMBOURG CITY, XX L-2163 LUX
MANAGER	KEVIN J. WILCOX	40 AVENUE MONTEREY LUXEMBOURG CITY, XX L-2163 LUX

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI
02888

Signed this 9 Day of August, 2018 at 9:13:49 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By TIMOTHY G.N. HARCOURT
Signature of Authorized Person

Form No. 632
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

August 09, 2018 09:13 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

