State of Rhode Island and Providence Plantations Fee: \$50.00 Office of the Secretary of State	
Division Of Business Services	
148 W. River Street	
Providence RI 02904-2615 (401) 222-3040	
Limited Liability Company	
Annual Report	
Filing Period: September 1 - November 1	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing	
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2018	
1. ID No. <u>000799491</u>	
2. Exact Name of the Limited Liability Company <u>NATIONALLINK VALUATIONS, LLC</u>	
3. State of Formation	
State: <u>DE</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>531210</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
REAL ESTATE TRANSACTION SERVICE PROVIDER.	
5. Principal Office Address	
No. and Street: 300 CORPORATE CENTER DRIVE, SUITE 300	
	PA Zip: <u>15108</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: Contact Title:	
No. and Street: C/O APRIL JOHNSON 601 RIVERSIDE AVENUE	
City or Town: <u>JACKSONVILLE</u> State: <u>FL</u> Zip:	32204 Country: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	
Title Individual Name	Addrose
Title Individual Name   First, Middle, Last, Suffix Address, City	Address or Town, State, Zip Code, Country

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 26 Day of September, 2018 at 3:21:36 PM 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 KATHLEEN KROL

Signature of Authorized Person

Form No. 632 Revised 09/07

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