St	ate of Rhode Island and Office of the Sec			5 Fee: \$50.00
HOPE	Division Of Bus 148 W. Riv Providence RI (401) 222	er Street 02904-2615		
Limited Liability Comp Annual Report Filing Period: September 1 -				
	7-16-66(d), each limited liability a thirty (30) days after the time p penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2018</u>			
1. ID No. <u>000834593</u>				
2. Exact Name of the Limited Liability Company <u>VALUATION LINK, L.L.C.</u>				
3. State of Formation				
State: <u>MI</u>				
	ARTICLE			
0	ode that best describes the prin information on <u>NAICS</u> can be fo	•	conducted by th	e entity. Download
4. Brief Description of the	Character of the Business W	hich is Actua	Ily Conducted	in Rhode Island
MANAGE THE APPRA	ISAL PROCESS AS AN AP	PRAISAL MA	ANAGEMENT	<u>COMPANY</u>
5. Principal Office Addres	S			
	<u>ELEGRAPH RD., #229</u> MFIELD HILLS	State: <u>MI</u>	Zip: <u>48301</u>	Country: <u>USA</u>
6. Mailing Address of Lim	nited Liability Company and N	ame or Title	of Contact Per	son:
	⁻ itle: ELEGRAPH RD., #229 //FIELD HILLS	State: <u>MI</u>	Zip: <u>48301</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name First, Middle, Last, Suffix	Address	Addres	SS ie, Zip Code, Country
8. RESIDENT AGENT IN R	HODE ISLAND - DO NOT ALTE	R		

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 27 Day of September, 2018 at 7:24:58 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 <u>KELLY LETTMANN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2018 State of Rhode Island and Providence Plantations All Rights Reserved