



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

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 001687945		2. Exact name of the Corporation AXIS APPRAISAL MANAGEMENT SOLUTIONS		
3. Principal Office Address 1101 FIFTH AVENUE, SUITE 210		City SAN RAFAEL	State CA	Zip 94901
4. NAICS Code 531320	6. Brief description of the character of business conducted in Rhode Island MANAGE THE APPRAISAL PROCESS			
5. State of Incorporation CALIFORNIA				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name KIMBERLY PEROTTI - CO-PRESIDENT		Vice-President Name MICHAEL SIMMONS - CO-PRESIDENT		
Street Address 1101 FIFTH AVENUE, SUITE 210		Street Address 1101 FIFTH AVENUE, SUITE 210		
City SAN RAFAEL	State CA	Zip 94901	City SAN RAFAEL	State CA
Secretary Name KIMBERLY PEROTTI		Treasurer Name LAWRENCE STRITCH - CFO		
Street Address 1101 FIFTH AVENUE, SUITE 210		Street Address 1101 FIFTH AVENUE, SUITE 210		
City SAN RAFAEL	State CA	Zip 94901	City SAN RAFAEL	State CA
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>				
Director Name KIMBERLY PEROTTI		Director Name MICHAEL SIMMONS		
Street Address 1101 FIFTH AVENUE, SUITE 210		Street Address 1101 FIFTH AVENUE, SUITE 210		
City SAN RAFAEL	State CA	Zip 94901	City SAN RAFAEL	State CA
Director Name NICHOL PEROTTI		Director Name ROBERT CHRISMAN		
Street Address 1101 FIFTH AVENUE, SUITE 210		Street Address 1101 FIFTH AVENUE, SUITE 210		
City SAN RAFAEL	State CA	Zip 94901	City SAN RAFAEL	State CA
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	PAR VALUE
		4,530,000	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. 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.				
Name of Authorized Representative LAWRENCE A. STRITCH			Date 12/07/2018	
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

JAN 11 2019
 BY 660244 DS

Phone: 888-806-AXIS (2947)
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San Rafael, CA 94901

Appraisal Management Solutions

AXIS APPRAISAL MANAGEMENT SOLUTIONS

ADDITIONAL DIRECTOR:

MATTHEW SIMMONS
1101 FIFTH AVENUE, SUITE 210
SAN RAFAEL, CA 94901

FILED

JAN 11 2019

BY 66244 DS

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