



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

Annual Report for the year: 2019
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED
 JUL 30 2019
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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2019 JUL 30 AM 11:09

1. Entity ID Number 001670155		2. Exact name of the Corporation P.I. REAL ESTATE APPRAISER ASSOCIATION			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island TO JOIN WITH SIMILAR ASSOCIATIONS AND CONDITIONS THROUGHOUT THE COUNTRY IN ORDER TO GIVE A VOICE TO THE REAL ESTATE APPRAISAL PROFESSION.			
4. NAICS Code 5313910					
6. Principal Office Address 1202 CAPELLA SOUTH			City NEWPORT	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAMIE MOORE			Vice-President Name SUEAN MARTINS-PHIPPS		
Street Address 1202 CAPELLA SOUTH			Street Address 84 JANICE ROAD		
City NEWPORT	State RI	Zip 02840	City WARWICK	State RI	Zip 02886
Secretary Name RACHAEL ARMENTI			Treasurer Name E. JENNIFER FLANAGAN		
Street Address 20 NEWMAN AVE #1103			Street Address 46 WASHINGTON ST		
City RUMFORD	State RI	Zip 02916	City WARREN	State RI	Zip 02885
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JAMIE MOORE			Director Name SUEAN MARTINS-PHIPPS		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
City	State	Zip	City	State	Zip
Director Name E. JENNIFER FLANAGAN			Director Name		
Street Address SAME AS ABOVE			Street Address		
City	State	Zip	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative JAMIE D. MOORE					Date 7/16/19
Signature of Officer/Authorized Representative <i>Jamie Moore</i>					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