



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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RI DEPT OF STATE

1. Entity ID Number <b>1042052</b>		2. Exact name of the Corporation <b>Associated Estate &amp; Appraisal Co.</b>												
3. Principal Office Address <b>1655 Elmwood Ave Suite 32E</b>			City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02905</b>									
4. NAICS Code <b>531390</b>		6. Brief description of the character of business conducted in Rhode Island <b>APPRAISALS + ESTATE LIQUIDATIONS</b>												
5. State of Incorporation <b>RI</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>STEVEN FUSCO</b>			Vice-President Name											
Street Address <b>28 Edgewood Blvd</b>			Street Address											
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>0</b></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>0</b>					
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
<b>0</b>														
Changes require an additional filing.														
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 <b>STEVEN FUSCO</b>				Date <b>9-18-19</b>										
Signature of Authorized Representative <i>Steven Fusco</i>														

FILED

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017