



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. Corporate ID No. 001662194

2. Name of Corporation 1st National Appraisal Source Inc.

3. Street Address Principal Business Office:

No. and Street: 39555 ORCHARD HILL PLACE
SUITE 600

City or Town: NOVI State: MI Zip: 48375 Country: USA

4. Business Phone No.

2483876186

5. State of Incorporation

State: MD

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

551390

6. Brief Description of the Character of Business Conducted in Rhode Island

CONDUCT THE NORMAL OPERATING AFFAIRS OF AN APPRAISAL MANAGEMENT COMPANY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KIMBERLY MORRISON-SCHOP	6610 MT. VISTA RD

		KINGSVILLE, MD 21087 USA
DIRECTOR	SHAEWIN SCHAEFFER	6610 MT. VISTA RD KINGSVILLE, MD 21087 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	10,000.00	150

9. 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.

Signed this 4 Day of May, 2020 at 12:26:25 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KIMBERLY MORRISON-SCHOP
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2020 State of Rhode Island and Providence Plantations
All Rights Reserved