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FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1,335 401,222,3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

2005

Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIN	•	ig Fee: \$50.00			
1. Corporue ID No.	2. Name of Corporatio	n	- "		-
106465	Lichtenstein A	ppraisals, Inc.			<del> • • • • • • • • • • • • • • • • • • </del>
3 Street Address Principal Business 6 45 WRONKO			JAMBSIOUN	State	<i>0</i> 2835
4. Bustness Phone No. 401 - 486-8567		5. State of Incorporation RHODE ISLANT			6 SIC Code 0
7. Brief Description of the Character TO CONDUCT REAL ES	of Business Conducted in TATE APPRAISALS.	Rhode Island			
8. NAMES AND ADDRESSES	OF THE OFFICERS	S: ("X" BOX FOR AT	TACHMENT)     FILL IN SE	ACES BEFORE USIN	NG ATTACHMENTS
President Name DEPORAH LB	LICHTENSTE	าฟ	Vice President Name MICHAEL LICH	17EN51EIN	
Street Address	51		Sirver Address 45 CORON AT	00 151	
JAMIES TOWN	SiapL	2400835	CUY LORON AT	State	01535
Secretary Name	• •••••••••••		Tryasurer Name		
Sirect Address	<del></del>	<u>.</u>	Street Address		
City	State	Zip	City	State	Ztp
Director Name  Street Address			Director Name Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address	· <del></del>		Street Address		
Chy	State	Zip	City	State	Zyp -
10. SHARES AUTHORIZED	("X" BOX FOR AT	TACHMENT) [	11. SHARES ISSUED (*	X" BOX FOR ATTAC	
AUTHORIZED SHARES		0 V-b	ISSUED SHARES Number of Shares	Class/Series	Par Value
Number of Shares 1,000 NO PAR VALUE	Class/Scries	Par Value	Number of Shares	CHECOSCHES	harras
		<u>.</u>		•	100 57.0
This report must be	signed in ink by cit	her the President, Vice	President, Secretary, Assistant	Secretary, Treasure	r, Receiver or Trustee
			Under penalty of perjuincluding any accomp	iry. I declare and affirm anying schedules and s	that I have examined this reportatements, and that all stateme

PRESIDENT
Title of Officer
Form 630 Rev. 12/03

contained herein are true and correct.

Print or Type Name of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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2004		
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Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST-BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 106465 Lichtenstein Appraisals, Inc. 3. Street Address Principal Business Office 02835 CRONKDO AMESTOWN 4. Business Phone No. 5. State of Incorporation 401-486-8567 7 Brief Description of the Character of Business Conducted in Rhode Island TO CONDUCT REAL ESTATE APPRAISALS. President Name Vice President Name LB LIGHTENSTEIN LICHTENSTEIN MICHAEN Street Address Street Address City State Zip Chy State Z.Ip 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address State Street Address Street Address City State Zip. City State Z/p11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares -Xinniser of Shares -- --Classification - - - rur villue ClassNertes\_ \_\_Par.Saluz---NUNU 1,000 NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date 16/14/04	
Check No. <u>0894</u> By:	
FOR SECRETARY OF STATE USE ONLY	

Inder penalty of perjury, I declare neluding any accompanying scher ontained herein arthyrue and corre	lules and statements		
DUBJUL		30	104
gnature of Officer	<u> </u>		Date
DEBORAH LB L	CHTENSTE!	N	
rint or Type Name of Officer			
PRESIDENT _			
Title of Officer		Form 6	30 Rev 12/03

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335\\\401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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ling	Period:	January	I-March 1	•	Filing Fee: \$50	.00		

STOP PITAMERIAD PASERCE HOAS

1. Corporate ID No.	2. Name of Corporation	0n	•		
106465	Lichtenstein /	Appraisals, Inc.			
3. Street Address Principal Business			City	State	Zip
20 COLUMBIA	AUE		JAMEL TOWN	19	6:2835
4. Business Phone No.		5. State of Incorpora	tion		6. SIC Code
486-8567		RHODE ISLA	AND		0
7. Brief Description of the Character	of Business Conducted in		AND		U
COM BOINIE	APPRAISALS				
8. NAMES AND ADDRES	/ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ERS ("X" BOX FOR A	TACHMENT) FILL IN SPACES	BEFORE USING ATTA	<b>CHMENTS</b>
President Name			Vice President Name		
DEBORAH LB	LICHTE NSTE	าก	· MICHAWA . L	1CHIENSIEIN	
Street Address			Street Address		
20 COLUMB	is his		20 Cawm	BIA AVE	
City	IA ME	Zip	City	State RI	210
JAMES TOWN	RI	02835	JamesiaWN	19	02835
Secretary Name	·		Treasurer Name		· · · · · · · · · · · · · · · · · · ·
			•		
Street Address			* Street Address		
City	State	Zip	* City	State	Zip
9. NAMES AND ADDRES	SES OF THE DIREC	CTORS ("X" BOX FOR		ES BEFORE USING ATT	<b>FACHMENTS</b>
Director Name			Director Name		
			•		
Street Address			Street Address		
	_			•	***
City	State	21p	City	State	ZIp
			Director Name		
Director Name			, Intector Name		
Street Address			, Street Address		
Sitter Minet			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
City	State	Zip	Clty	State	ZIp
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10. SHARES AUTHORIZE	D (*x* rox for attac	CHMENT)	ii. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	т) •
AUTHORIZED SHARIS		•	Z-DANIS CETUZZI [		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
•			1 4 6 6 6		
1,000 NO PAR VALUE			1 None		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1 0 6 4 6 5 *
File Date:	4.2.03
Check No.:	597
Ву:	Y OF STATE USE ONLY

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.

Signature of Officer	J	1		 2	28	03	
Signature of Officer				 Date		•	
-1 -		_	١.	 	. (		

Signature of Officer	Date
DEBURHH LB	LICHTENSTEW _
Print or Type Name of Officer	

Title of Officer



Edward S. Inman, III, Secretary of State Corporations Division lorth Main Street, Providence, RI 02903-1335 401-222-3040

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- A	Office of the Secretary of State	INTATIONS				100 N
• • • • •	•					
PRC	Period: January 1-March 1	ANNUAL	REPORT	FOR	THE	YEAR



(FORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No.	2. Name of Corpora	tion			—
106465	Lichtenstei	n Appraisals, Inc.			
3. Street Address Principal Business (	Office		City	State	Zip
20 COWMBIX,	1/E		JAMESTOWN	RÍ	62835
4. Business Phone No.		5. State of Incorporation		•	6. SIC Code
401-483-0576		RHODE ISLAND			0
2. Brief Description of the Character					
, KERL ESTATE 1	appraishs o	CERS ("X" BOX FOR ATTACH			
8. NAMES AND ADDRESS	SES OF THE OFFI	CERS ("X" BOX FOR ATTACH		BEFORE USING ATTACK	<b>IMENTS</b>
	17:50 4.7.		Vice President Name		
· DEBORAH LB LICH	FIEDS IBIN		: MICHARL LICHT	EN3761N	
20 COLUMBIA	A 13		Street Address	<b>6</b> /	
city www.mistry	(IVI)	91.	20 COWMBIA	ME	
JAMESTOWN	State	02835	: JAMBJONN	State	<sup>21</sup> 5)535
Secretary Name	· · · · · · · · · · · · · · · · · · ·		Treusurer Name	••• ••• • • • • • • • • • • • • • • • •	
	Y		neusiner Kame		
Street Address		•	Street Address	\	
	\				
City	State	ZIp	· City	State	ZIp
	\				VF
9. NAMES AND ADDRESS	ës of the diki	CTORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
Director Name		· · · · · · · · · · · · · · · · · · ·	Director Name	. =	
1	r				
Street Address			Street Address		
	/·			\	
City	State	Zip	City	State	Zip
Disastas Manus	\ .	•	•		
Director Name	\		Director Name		
Street Address	\			\	
•			Street Address	\	
City	State	Zip	City	State	710
	\			sime /	Zip
10. SHARES AUTHORIZED	CX* BOX FOR ATTA	CHMENT) ()	11. SHARES ISSUED (2)	TO ROY BOD APPACIANTATE	<del>-</del> -
AUTHORIZED SHARES	44 I. 1727		ISSUED SHARES	TOR ATTACASHATY	
Number of Shores	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			† , , ,	•	
			1 /0°	NO PAR	N/A-
		·			
<u> </u>			<u> </u>	<del></del>	
This report must be signed	<b>d in ink</b> by eith	er the President. Vice Pr	esident. Secretary: Assis	tant Secretary Treasur	er Receiver or Trust
	HOR BRIE BIN DIBLE BI	## ### ### ###########################	=:::, ======;;; :10010		er, merennen on musik
	JANA KRIJE KIJI BIKIR BI	81 81H 1881			



File Date:	4-8-02	
Check No.:	456	
Ву:	<u> </u>	
FOR SECRETARY	OF STATE USE ONLY	

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.

Du 16	Jul	2	120	102	
Signature of Officer		Date	'	,	
DEBORAH	LB LICHTENSTE	7			
Print or Time Manager	Officer				

Title of Officer د حجیت

Form 630 12/01

Carporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST RE TYPED IN BL	ACK)				
1. Corporate ID No. 106465	2. Name of Carpor	ation tein Appraisals		<b></b>	
3. Street Address Principal Busines 20 60W MB1A An 4. Business Phone No. 401 · 473 - 2677 7. Rrief Description of the Charact REM BS1A16	K er of Business Gonducted			State RT	71p D2835 6. SIC Code <b>0</b>
8. NAMES AND ADDRE	SSES OF THE OF	ICERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES H	EFORE USING ATTAC	HMENTS
DEBORAH L.B.	4CHTENS	IEIN	MICHMA LIC Street Address 20 COLVMBU	HIENSTEIN	
W 60WM 16 1A City  JANNESTOWN Secretary Name	AYIÉ Siate RI	<sup>210</sup> 02835	City  JAMBSTOWN  Treasurer Name	A AVE State PT	<sup>210</sup> 02835
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE Director Name Street Address	SSES OF THE DIF	ECTORS (*x* box for a	TTACHMENT) FILL IN SPACE  Director Name  Sucet Address	S BEFORE USING ATTA	CHMENTS
City	State	Zip	City	State	Zip
Director Name			Director Name		•• . •
Street Address			Street Address		
City	State	Zip	Cuy	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED (*X* BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*)	K- BOX FOR ATTACHMENT	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VA	LVE		100	NO PAIZ	n/a
	ned in ink by eig		ce President, Secretary, Assis	tant Secretary, Treasu	irer, Receiver or Truste

	* 1 0 6 4 6 5 *
File Date:	3/8
Check No.:	7.
By:FOR SECRETARY O	F STATE USE ONLY

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.

Dun Blure	2/20/01
Signature of Officer	Date
DOBORAH LB LIGHTENS	10N
Print or Type Name of Officer	

Print or Type Name of Officer	
PLESIDENT	
Title of Officer	



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No. 106465	2. Name of Corporation Lichtenstein	Appraisals, Ir	nc.		
3. Street Address Principal Business ( 20 COUMBIA A	oma VENUE		Siny	State RT	02835
4. Business Phone No. 401-423-2627		S. State of Incorporation RHODE ISLAND			8888 8888
7. Biles Description of the Character REAL ESTAIE		de Island			•
8. NAMES AND ADDRESS	SES OF THE OFFICE	RS (*X* BOX FOR ATTACH)	MENT) FILL IN SPACES BEF	FORE USING ATTACHMI	ENTS
President Name DEBORAIT LB	LICHTENSTE	EIN	Vice President Name  MICHAEL A.	HUHTENSTEIT	J
Street Address LOLUMBIA			Street Address 20 COWMBIA	• • •	
c"JAMIESTOWN	Sigle RI	02835	JAMESTOWN	State	02835
Secretary Name MICHAEL LC Street Address SAME	HTENSTEIN	, , , , , , ,	Treasurer Name  DBBORAH LB L  Street Address  SAME	luttensiein	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS Director Name  NONE  Street Address		ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES B  Director Name  Street Address	BEFORE USING ATTACH	MENTS
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI authorized shares	O CX BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*x*)   ISSUED SHARES	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VAL	JE		/00	NA	NO PAR
			•		
This raport must be sign	ed in ink by sither	the President Vice P	rosidont Sacretary Assista	nt Secretary Treasurer	Receiver or Tri

	* 1 0 6 4 6 5 *
File Date:	3/24/00
Check No.:	6176
	V(1)6

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affli	rm that I have examined	
this report, including any accompanying schedules and statements, ar		
that all statements contained herein are tru	e and correct.	
Sun & Luin	2/28/00	

DWW.D 2 STOCK	228 00
Signature of Officer	Date
DEBORAH LB LICH	MENSIEIN
Print or Type Name of Officer	