



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  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 106465		2. Name of Corporation Lichtenstein Appraisals, Inc.			
3. Street Address Principal Business Office 45 CORONADO ST			City JAMESTOWN	State RI	Zip 02835
4. Business Phone No. 401-486-8567 / 403-0576		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO CONDUCT REAL ESTATE APPRAISALS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DEBORAH LB LICHTENSTEIN			Vice President Name MICHAEL LICHTENSTEIN		
Street Address 45 CORONADO ST			Street Address 45 CORONADO ST		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			0		NO PAR

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



File Date	<b>FILED</b>
Check No.	MAR 02 2005
By:	By M59544
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.

Signature of Officer: Deborah LB Lichtenstein Date: 2/20/05  
Print or Type Name of Officer: DEBORAH LB LICHTENSTEIN  
Title of Officer: PRESIDENT



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  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

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4. Business Phone No. 401-486-8567		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
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8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DEBORAH LB LICHTENSTEIN			Vice President Name MICHAEL LICHTENSTEIN		
Street Address 45 CORONADO ST			Street Address 45 CORONADO ST		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			None		\$

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



\*106465\*

File Date	6/14/04
Check No.	0894
By:	J.
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.

Signature of Officer: DEBORAH LB LICHTENSTEIN Date: 1/30/04  
Print or Type Name of Officer: DEBORAH LB LICHTENSTEIN  
Title of Officer: PRESIDENT



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

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

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 106465  
2. Name of Corporation Lichtenstein Appraisals, Inc.  
3. Street Address Principal Business Office  
20 COLUMBIA AVE  
4. Business Phone No. 486-8567  
5. State of Incorporation RHODE ISLAND

City JAMESTOWN State RI Zip 02835  
6. SIC Code 0

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

REAL ESTATE APPRAISALS

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name  
DEBORAH LB LICHTENSTEIN

Street Address  
20 COLUMBIA AVE

City JAMESTOWN State RI Zip 02835

Secretary Name

Street Address

City State Zip

Vice President Name  
MICHAEL LICHTENSTEIN

Street Address  
20 COLUMBIA AVE

City JAMESTOWN State RI Zip 02835

Treasurer Name

Street Address

City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

1,000 NO PAR VALUE

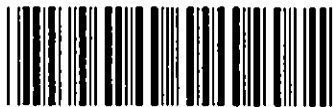
11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

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.: S97

By: ICP

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.

Signature of Officer Deborah Lichtenstein Date 4/28/03

Print or Type Name of Officer  
DEBORAH LB LICHTENSTEIN

Title of Officer  
PRESIDENT



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

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 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 106465 2. Name of Corporation Lichtenstein Appraisals, Inc.  
3. Street Address Principal Business Office 20 COLUMBIA AVE City JAMESTOWN State RI Zip 02835  
4. Business Phone No. 401-483-0570 5. State of Incorporation RHODE ISLAND 6. SIC Code 0

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

REAL ESTATE APPRAISALS & SVCS

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
<u>DEBORAH LB LICHTENSTEIN</u>	<u>MICHAEL LICHTENSTEIN</u>
Street Address	Street Address
<u>20 COLUMBIA AVE</u>	<u>20 COLUMBIA AVE</u>
City	City
<u>JAMESTOWN</u>	<u>JAMESTOWN</u>
State	State
<u>RI</u>	<u>RI</u>
Zip	Zip
<u>02835</u>	<u>02835</u>
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
1,000 NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
100 NO PAR N/A

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: 4-8-02

Check No.: 456

By: [Signature]

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.

[Signature] 4/20/02  
Signature of Officer Date

DEBORAH LB LICHTENSTEIN  
Print or Type Name of Officer

PRESIDENT  
Title of Officer



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

Corporations 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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>106465</b>		2. Name of Corporation <b>Lichtenstein Appraisals, Inc.</b>			
3. Street Address Principal Business Office <b>20 COLUMBIA AVE</b>		City <b>JAMESTOWN</b>	State <b>RI</b>		
4. Business Phone No. <b>401-423-2629</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>0</b>		
7. Brief Description of the Character of Business Conducted in Rhode Island <b>REAL ESTATE APPRAISALS</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)		FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>DEBORAH L.B. LICHTENSTEIN</b>		Vice President Name <b>MICHAEL LICHTENSTEIN</b>			
Street Address <b>20 COLUMBIA AVE</b>		Street Address <b>20 COLUMBIA AVE</b>			
City <b>JAMESTOWN</b>	State <b>RI</b>	City <b>JAMESTOWN</b>	State <b>RI</b>		
Zip <b>02835</b>		Zip <b>02835</b>			
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	City	State		
Zip		Zip			
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			
City	State	City	State		
Zip		Zip			
Director Name		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip		Zip			
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES		ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000</b>	<b>NO PAR VALUE</b>		<b>100</b>	<b>NO PAR</b>	<b>N/A</b>

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: 3/8

Check No.: 286

By: De

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.

Signature of Officer: Deborah L.B. Lichtenstein Date: 2/20/01  
Print or Type Name of Officer: DEBORAH L.B. LICHTENSTEIN  
Title of Officer: PRESIDENT



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

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 BLACK)

1. Corporate ID No. <b>106465</b>		2. Name of Corporation <b>Lichtenstein Appraisals, Inc.</b>	
3. Street Address Principal Business Office <b>20 COLUMBIA AVENUE</b>		City <b>JAMESTOWN</b>	State <b>RI</b>
4. Business Phone No. <b>401-423-2627</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. SIC Code <b>8888</b>		Zip <b>02835</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>REAL ESTATE APPRAISER</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>DEBORAH L.B. LICHTENSTEIN</b>		Vice President Name <b>MICHAEL A. LICHTENSTEIN</b>	
Street Address <b>20 COLUMBIA AVE</b>		Street Address <b>20 COLUMBIA AVE</b>	
City <b>JAMESTOWN</b>	State <b>RI</b>	City <b>JAMESTOWN</b>	State <b>RI</b>
Zip <b>02835</b>		Zip <b>02835</b>	
Secretary Name <b>MICHAEL LICHTENSTEIN</b>		Treasurer Name <b>DEBORAH L.B. LICHTENSTEIN</b>	
Street Address <b>SAME</b>		Street Address <b>SAME</b>	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>NONE</b>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>1,000 NO PAR VALUE</b>		<b>100</b>	<b>N/A</b>
Par Value		Par Value	
		<b>NO PAR</b>	

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: 3/27/00

Check No.: 6176

By: KLD

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.

Signature of Officer Deborah L.B. Lichtenstein Date 2/28/00

Print or Type Name of Officer DEBORAH L.B. LICHTENSTEIN

Title of Officer PRESIDENT