



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

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

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. ID No. 000083563

2. Exact Name of the Limited Liability Company NORTH ATLANTIC APPRAISAL SERVICES, L.L.C.

3. State of Formation

State: RI

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.

531320

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

RESIDENTIAL REAL ESTATE APPRAISAL SERVICES

5. Principal Office Address

No. and Street: 1260 BROAD ROCK ROAD

City or Town: SOUTH KINGSTOWN

State: RI

Zip: 02879

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 1260 BROAD ROCK ROAD

City or Town: SOUTH KINGSTOWN

State: RI

Zip: 02879

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	WILLIAM M SALERNO	1260 BROAD ROCK ROAD SOUTH KINGSTOWN, RI 02879 USA

MANAGER

PHILIP E WOSCHENKO

406 W COOPER AVE
FOLLY BEACH, SC 29439 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

WILLIAM M. SALERNO 1260 BROAD ROCK ROAD SOUTH KINGSTOWN , RI 02879

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 22 Day of September, 2020 at 12:05:12 PM by the authorized person. 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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By WILLIAM M. SALERNO
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2020 State of Rhode Island
All Rights Reserved