Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02094-2615 Office of the Secretary of State Providence RI 02094-2615 Colspan="2">Office of the Secretary of State Providence RI 02094-2615 Office of the Secretary of State Providence RI 02094-2615 Colspan="2">Office of Secretary of State Providence RI 02094-2615 Colspan="2">Office of Secretary of State Providence RI 02094-2615 Infing Period: September 1 - November 1 neaccordance with RI 61 - 7-16-66(d), each limited liability company tailing or refusing to the limited Colspan="2">Deficition of the Sama prescribed by law (R.I.G.L. 7- Office Affects Annual report within thinty (30) days after the time prescribed by law (R.I.G.L. 7- Office Affect Secretary CORELOGIC SOLUTIONS, LLC State: CA 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. State: CA <td< th=""><th></th><th></th><th></th><th></th><th></th></td<>					
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Imited Liability Company Mulal Report Period: September 1 - November 1 n accordance with R.I.G.L. 7-18-66(0, each limited liability company failing or refusing of lie its annual report within thin' (20) days after the time prescribed by law (R.I.G.L. 7- 6-66(b8c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 000121011 2. Exact Name of the Limited Liability Company CORELOGIC SOLUTIONS, LLC 3. State of Formation State: CA 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. 518210 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island TO PROVIDE REAL ESTATE-RELATED INFORMATION SERVICES, AUTOMATED VALUATION MODELS AND OTHER REAL ESTATE RELATED SERVICES. 5. Principal Office Address No. and Street: <u>40 PACIFICA AVENUE SUITE 900</u> City or Town: IRVINE State: CA Zip: 92618 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: <u>40 PACIFICA AVENUE</u> SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 7. Name and Address of E					Fee: \$50.0
(401) 222-3040 Finited Liability Company Anual Report Filing Period: September 1 - November 1 na accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing on les to annual report with mitry (20) days after the time prescribed by law (R.I.G.L. 7- 16-66(bAc)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 000121011 2. Exact Name of the Limited Liability Company CORELOGIC SOLUTIONS, LLC 3. State of Formation State: CA 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. 518210 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island the list of codes here. More information on NAICS can be found online. 518210 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island TO PROVIDE REAL ESTATE-RELATED INFORMATION SERVICES, AUTOMATED VALUATION MODELS AND OTHER REAL ESTATE RELATED SERVICES. 5. Principal Office Address No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Co				ces	
Annual Report Hing 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 thry (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. 000121011 2. Exact Name of the Limited Liability Company CORELOGIC SOLUTIONS, LLC 3. State of Formation State: CA 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. 518210 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island TO PROVIDE REAL ESTATE-RELATED INFORMATION SERVICES, AUTOMATED VALUATION MODELS AND OTHER REAL ESTATE RELATED SERVICES. 5. Principal Office Address No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA	HOPE			5	
Filing Period. September 1 - November 1 n accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing o file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b.8c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 000121011 2. Exact Name of the Limited Liability Company CORELOGIC SOLUTIONS, LLC 3. State of Formation State: CA 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. 518210 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island TO PROVIDE REAL ESTATE-RELATED INFORMATION SERVICES, AUTOMATED VALUATION MODELS AND OTHER REAL ESTATE RELATED SERVICES. 5. Principal Office Address No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: SuiTE 900 City or Town: IRVINE State: CA Zip: 92618 Countr		ompany			
o file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- G-G6(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 000121011 2. Exact Name of the Limited Liability Company CORELOGIC SOLUTIONS, LLC 3. State of Formation State: CA 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. 518210 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island TO PROVIDE REAL ESTATE-RELATED INFORMATION SERVICES, AUTOMATED VALUATION MODELS AND OTHER REAL ESTATE RELATED SERVICES. 5. Principal Office Address No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS		er 1 - November 1			
1. ID No. 000121011 2. Exact Name of the Limited Liability Company CORELOGIC SOLUTIONS, LLC 3. State of Formation State: CA 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. 518210 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island TO PROVIDE REAL ESTATE-RELATED INFORMATION SERVICES, AUTOMATED VALUATION MODELS AND OTHER REAL ESTATE RELATED SERVICES. 5. Principal Office Address No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA Contact Title: No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA	o file its annual report v	vithin thirty (30) days after the til			
2. Exact Name of the Limited Liability Company CORELOGIC SOLUTIONS, LLC 3. State of Formation State: CA 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. 518210 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island TO PROVIDE REAL ESTATE-RELATED INFORMATION SERVICES, AUTOMATED VALUATION MODELS AND OTHER REAL ESTATE RELATED SERVICES. 5. Principal Office Address No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	ANNUAL REPORT YE	AR: <u>2020</u>			
3. State of Formation State: CA 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. 518210 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island TO PROVIDE REAL ESTATE-RELATED INFORMATION SERVICES, AUTOMATED VALUATION MODELS AND OTHER REAL ESTATE RELATED SERVICES. 5. Principal Office Address No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE Suite 900 State: CA Zip: 92618 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	1. ID No. <u>000121</u>	011			
State: CA 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. 518210 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island TO PROVIDE REAL ESTATE-RELATED INFORMATION SERVICES, AUTOMATED VALUATION MODELS AND OTHER REAL ESTATE RELATED SERVICES. 5. Principal Office Address No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 7. Name and Address of Each Manager of t	2. Exact Name of the	Limited Liability Company	CORELOGIC	SOLUTIONS,	LLC
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. 518210 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island TO PROVIDE REAL ESTATE-RELATED INFORMATION SERVICES, AUTOMATED VALUATION MODELS AND OTHER REAL ESTATE RELATED SERVICES. 5. Principal Office Address No. and Street: 40 PACIFICA AVENUE State: CA Zip: 92618 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 40 PACIFICA AVENUE State: CA Zip: 92618 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	3. State of Formation	ı			
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. 518210 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island TO PROVIDE REAL ESTATE-RELATED INFORMATION SERVICES, AUTOMATED VALUATION MODELS AND OTHER REAL ESTATE RELATED SERVICES. 5. Principal Office Address No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA zip: 92618 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA zip: 92618 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	State: CA				
the list of codes here. More information on NAICS can be found online. 518210 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island TO PROVIDE REAL ESTATE-RELATED INFORMATION SERVICES, AUTOMATED VALUATION MODELS AND OTHER REAL ESTATE RELATED SERVICES. 5. Principal Office Address No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA zip: 92618 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA zip: 92618 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS		ARTI	CLE III		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island TO PROVIDE REAL ESTATE-RELATED INFORMATION SERVICES, AUTOMATED VALUATION MODELS AND OTHER REAL ESTATE RELATED SERVICES. 5. Principal Office Address No. and Street: <u>40 PACIFICA AVENUE SUITE 900</u> City or Town: IRVINE State: CA zip: <u>92618</u> Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: <u>40 PACIFICA AVENUE SUITE 900</u> City or Town: IRVINE State: CA zip: <u>92618</u> Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	the list of codes here.				the entity. Download
TO PROVIDE REAL ESTATE-RELATED INFORMATION SERVICES, AUTOMATED VALUATION MODELS AND OTHER REAL ESTATE RELATED SERVICES. 5. Principal Office Address No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE Suite: 24 OPACIFICA AVENUE SUITE 900 City or Town: IRVINE Suite: 24 OPACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	518210				
VALUATION MODELS AND OTHER REAL ESTATE RELATED SERVICES. 5. Principal Office Address No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA	4. Brief Description o	f the Character of the Busine	ss Which is Ac	tually Conducte	d in Rhode Island
MODELS AND OTHER REAL ESTATE RELATED SERVICES. 5. Principal Office Address No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Country: USA	TO PROVIDE REAL	ESTATE-RELATED INFO	RMATION SE	RVICES, AUT	OMATED
5. Principal Office Address No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA		IFR REAL FSTATE RELAT	ED SERVICES		
No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA				<u>.</u>	
SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 40 PACIFICA AVENUE SUITE 900 State: CA Zip: 92618 Country: USA City or Town: IRVINE State: CA Zip: 92618 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS					
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS					
Contact Name: Contact Title: No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	City or Town: <u>II</u>	RVINE	State: <u>CA</u>	Zip: <u>92618</u>	Country: <u>USA</u>
No. and Street: 40 PACIFICA AVENUE SUITE 900 City or Town: IRVINE State: CA Zip: 92618 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	6. Mailing Address of	Limited Liability Company a	nd Name or Ti	le of Contact P	erson:
City or Town: IRVINE State: <u>CA</u> Zip: <u>92618</u> Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	No. and Street: <u>40</u>	PACIFICA AVENUE			
DO NOT LIST MEMBERS			State: <u>CA</u>	Zip: <u>92618</u>	Country: <u>USA</u>
Title Individual Name Address		-	ited Liability C	ompany, if App	licable.
	Title	Individual Name		bbA	ress

First, Middle, Last, Suffix

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

Signed this 30 Day of October, 2020 at 9:42:50 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 JAN S. MORRIS

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved