

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1 ID No 2 Exact name of the limited liabilty company 104091 Lincoln Appraisal Group, LLC 3 State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE APPRAISALS RHODE ISLAND 5 Principal office address 179 WEST RIVER STREET PROVIDENCE RI 02904 -6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TIFLE OF CONTACT PERSON Contact Name Contact Title GEORGE-T PANICHAS, JR. Street Address City State Zip 18 STONEY LANE .SMITHFIELD RI 02917-7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS CX" BOX FOR ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.L.G. L.7-16-12 (a) (2) / 7-18-52 Manager Name · Manager Name George T. Panichas Street Address Street Address 18 Stoney Lane City State State Zip Smithfield Rhode Island Manager Name Manager Name Street Address ·Street Address City Zip State 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER Changes require filing of Form 642 -RLGL 7-16-11 GREGORY J. SCHADONE, ESQ. 127 DORRANCE STREET Address Zip PROVIDENCE 02903-This report must be signed in ink by an authorized person pursuant to 7-16-66. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, *104091 DLLC 09/08/05 11:47:56 AM* and that all statements contained herein are true and correct. File Date Check No Signature of Authorized Person George T. Panichas Print or Type Name of Authorized Person FOR SECRETARY OF STATE USE ONLY



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED L Filing Period: Sept	CHICKLY TOVERNICE					
	PED OR PRINTED IN BL					
1. ID No. 104091	2. Exact name of the limited liability company Lincoln Appraisal Group, LLC					
3. State of Formation	4. Brief descrip	tion of the character of t	he business which is actually conducted	in Rhode Island		
RHODE ISLAND REAL ESTATE APPRAISALS						
5. Principal office addi			City	State	Zip	
179 WEST RIVE	ER STREET		PROVIDENCE	RI	02904 -	
6. MAILING ADD Contact Name GEORGE T PANI		LIABILITY COMP	ANY AND NAME OR TITLE Contact Title	OF CONTACT PER	ISON:	
Street Address	CHAS, UK.		•			
siteei naatess 18 STONEY LAN	.		City	State	Zip	
			.SMITHFIELD	RI	02917-	
	FILL IN SI ANY MODIFICATIONS	PACES BEFORE USIN	LIMITED LIABILITY COMI G ATTACHMENTS ("X" BOX FO UIRES FILING OF AMENDMENT. R • Manager Name	OR ATTACHMENT) 🗋	·	
George T. Pan	FILL IN SI ANY MODIFICATIONS ichas, Jr.	PACES BEFORE USIN	G ATTACHMENTS ("X" BOX FOURES FILING OF AMENDMENT. R	OR ATTACHMENT) 🗋	·	
George T. Pan Sweet Address 18 Stoney Lan	FILL IN SI ANY MODIFICATIONS ichas, Jr.	PACES BEFORE USIN TO MANAGERS REQ	G ATTACHMENTS ("X" BOX FOURES FILING OF AMENDMENT. R * Manager Name * Street Address * Street Address	OR ATTACHMENT) [] .I.G.L 7-16-12 (a) (2) /	7-16-52	
George T. Pan Street Address 18 Stoney Lan City	FILL IN SI ANY MODIFICATIONS ichas, Jr.	PACES BEFORE USIN	G ATTACHMENTS ("X" BOX FOURES FILING OF AMENDMENT. R Manager Name	OR ATTACHMENT) 🗋	·	
George T. Pan Street Address 18 Stoney Lan City Smithfield	FILL IN SI ANY MODIFICATIONS ichas, Jr. e	PACES BEFORE USIN TO MANAGERS REQ	G ATTACHMENTS ("X" BOX FOURES FILING OF AMENDMENT. R * Manager Name * Street Address * Street Address	OR ATTACHMENT) [] .I.G.L 7-16-12 (a) (2) /	7-16-52	
George T. Pan Street Address 18 Stoney Lan City Smithfield Manager Name	FILL IN SI ANY MODIFICATIONS ichas, Jr. e	PACES BEFORE USIN TO MANAGERS REQ	G ATTACHMENTS ("X" BOX FOURES FILING OF AMENDMENT. R * Manager Name * Street Address * City	OR ATTACHMENT) [] .I.G.L 7-16-12 (a) (2) /	7-16-52	
George T. Pan Street Address 18 Stoney Lan City Smithfield Manager Name	FILL IN SI ANY MODIFICATIONS ichas, Jr. e	PACES BEFORE USIN TO MANAGERS REQ	G ATTACHMENTS ("X" BOX FOURES FILING OF AMENDMENT. R Manager Name Street Address City Manager Name	OR ATTACHMENT) [] .I.G.L 7-16-12 (a) (2) /	7-16-52	
George T. Pan Street Address 18 Stoney Lan City Smithfield Manager Name Street Address	FILL IN SI ANY MODIFICATIONS ichas, Jr. e State RI State	Zip 02917	G ATTACHMENTS ("X" BOX FOURES FILING OF AMENDMENT. R Manager Name Street Address City Street Address City City	State State	7-16-52 Zip	
George T. Pan Street Address 18 Stoney Lan City Smithfield Manager Name Street Address City B. RESIDENT AGE	FILL IN SI ANY MODIFICATIONS ichas, Jr. e State RI State	Zip 02917	G ATTACHMENTS ("X" BOX FOURES FILING OF AMENDMENT, R Manager Name Street Address City Manager Name Street Address	State State	7-16-52 Zip	
George T. Pan Street Address 18 Stoney Lan City Smithfield Manager Name Street Address City 8. RESIDENT AGEI Igent Name	FILL IN SI ANY MODIFICATIONS ichas, Jr. e State RI State NT IN RHODE ISLAN	Zip 02917	G ATTACHMENTS ("X" BOX FOURES FILING OF AMENDMENT, R Manager Name Street Address City Street Address City hanges require filing of Fo	State State State State	7-16-52 Zip	
Manager Name George T. Pan Street Address 18 Stoney Lan City Smithfield Manager Name Street Address City 8. RESIDENT AGE Togent Name GREGORY J. SC Address	FILL IN SI ANY MODIFICATIONS ichas, Jr. e State RI State NT IN RHODE ISLAN	Zip 02917	G ATTACHMENTS ("X" BOX FOURES FILING OF AMENDMENT. R Manager Name Street Address City Street Address City hanges require filing of Foundations	State State State State	7-16-52 Zip	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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FOR SECR	ETARY (OF STAT	E 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 futhorized Person

Date

George T. Panichas, Jr.

Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

(FORM MUST BE T 1. ID No.	1 MUST BE TYPED OR PRINTED IN BLACK) No. 2. Exact name of the limited liability company					
104091		t name of the limited liability company In Appraisal Group, LLC				
3. State of Formation	7 1	4. Brief descrip	tion of the character of the	business which is actually conducted	in Rhode Island	
RHODE ISLAND REAL ESTATE APPRAISALS			·			
5. Principal office address				City	State	Zip
179 WEST RI	VER STREE	EΤ		PROVIDENCE	RI	02904-
6. MAILING AL	DRESS OF	LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT PE	
Contact Name				Contact Title		
GEORGE T PA	NICHAS, 3	JR .		•		
Street Address		· <u> </u>	<u></u>	City	State	Zip
18 STONEY LA	ANE			.SMITHFIELD	RI	02917-
		FILL IN SE	PACES BEFORE USING	IMITED LIABILITY COME ATTACHMENTS ("X" BOX F RES FILING OF AMENDMENT. R	OR ATTACHMENT) 🛚]
Manager Name				• Manager Name		
George T. Pa	anichas,	Jr.		•		
Strect Address	_	•		· Sireei Address		
18 Stoney La	ane	•		•		
City	3	State	Zip	*City	State	Zip
Smithfield] 1	RĮ	02917	•		
Manager Name		;	• • • • • • • • • • • •	Munager Name	!	· · · · · · · · · · · · · · · · · · ·
Street Address				· Sireei Address		
City	3	State	Zip	City	State	Zip
		ODE ISLAN	D-DO NOT ALTER- Ch	anges require filling of Fo	rm 642 - R.J.G.L. 7	-16-11
8. RESIDENT AC	ENT IN RH	OND IDEAN				
Igent Name				127 DORRANCE ST	REET	
Agent Name GREGORY J. :						lip
Agent Name				127 DORRANCE ST		<i>(ip</i> 02903 -

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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 _{Bv.} :	MAY 5 8 50114/07/14
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Under penalty of perjury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements, and that all appearents contained berein are true and correct.
and that all wistements compand bornin are true and correct
and that an statements countries percity are true and correct.
5-6-04
10 10 07
Signature of Authorized Person Date
\sim 0
GEORYET. PANICHAS
Ocolyb 1 1171 Glas
Print or Type Name of Authorized Person



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02003-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002 Filing Period: Sentember 1 - November 1 • Filing Fee: \$50.00

	PED OR PRINTED IN BL	ACK)			
1. ID No. 104091	2. Exact name of the limited liability company Lincoln Appraisal Group, LLC				
3. State of Formation	4. Brief descrip	ption of the character of the b	usiness which is actually conducted in	Rhode Island	
RHODE ISLAND	REAL ESTA	ATE APPRAISALS	·		
5. Principal office add			Ciny	State	Zip
	cice Boulevar		Pawtucket	RI	02861
6. MAILING ADD	RESS OF LIMITED	LIABILITY COMPAN	YAND NAME OR TITLE O	F CONTACT PERS	ON:
The state of the s			Contact Title		
deorge T.	Panichas, Jr	<u> </u>	Managing Mem	ber	
	ice Boulevard	5	City	State	Zip
			 Pawtucket ITED LIABILITY COMPAN	RI	02861
inager Name			ES FILING OF AMENDMENT. R.I.	G.L 7-16-12 (a) (2) / 7-	16-52
Corgo T F	.				
secree r. r	anichas, Jr.		•		
treet Address	Panichas, Jr.		• Street Address		
Greet Address 641 Armist	ice Boulevard		· Sireei Address		
freet Address 641 Armist			*Street Address *City	State	Zio
641 Armist in Pawtucket	ice Boulevard	1	•	State	Zip
641 Armist One One One One One One One On	ice Boulevard] Zip	•	State	Zip
free Address 641 Armist iny Pawtucket Janager Name	ice Boulevard] Zip	*City *Manager Name	State	Zip
641 Armist in Pawtucket lanager Name	ice Boulevard] Zip	*City	State	Zip
641 Armist in Pawtucket anager Name reet Address	ice Boulevard State RI State State	Zip Zip	*Manager Name *Street Address City	State	Zip
reel Address 641 Armist in Pawtucket anager Name reel Address	ice Boulevard State RI State State	Zip Zip	*Manager Name *Street Address City	State	Zip
RESIDENT AGEN	State State RI State	Zip Zip	City *Manager Name *Street Address	State	Zip
Acei Address 641 Armist iny Pawtucket fanager Name reet Address ity RESIDENT AGEN ent Name	State State RI State	Zip Zip	**City **Manager Name **Street Address **City **Tiges require filing of Form	State	Zip
641 Armist City Pawtucket fanager Name treet Address City RESIDENT AGEN GREGORY J. SCHAD	State RI State NT IN RHODE ISLANI ONE, ESQ.	Zip Zip	**City **Manager Name **Street Address **City **Tiges require filing of Form	State n 642 - R.I.G.L. 7-16-	Zip
641 Armist City Pawtucket Manager Name Street Address	State RI State NT IN RHODE ISLANI ONE, ESQ.	Zip Zip	**City **Manager Name **Street Address **City **Tequire filing of Form Address	State n 642 - R.I.G.L. 7-16-	Zip

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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<i>8</i> <u>v</u> :	UP	
FOR SECRE	TARY 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.

Date

George T. Panichas JR. Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

~ (L)



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID	Number DLLC 104091	Annual Report for the year 2001
-1	- The name of the limited liability com	pany is:
	Lincoln Appraisal Group, LLC	
2.	The address of the principal office of	f the limited liability company is:
	33 Arlington Street, P	awtucket, RI 02860
3.	The state or other jurisdiction under	the laws of which it is formed is RHODE ISLAND
4.	The name and address of its resider	nt agent is: GREGORY J. SCHADONE, ESQ.
	127 DORRANCE STREET PROVID	
5 .	The current mailing address of the li	mited liability company and the name or title of a person to whom communications
		J. Schadone, Esquire, 127 Dorrance Street
	Providence, RI 02903	
6.	A brief statement of the character of state: Real Estate App	of the business in which the limited liability company is actually engaged in this
7.	· · · · · · · · · · · · · · · · · · ·	anagers, the name and address of each manager of the limited liability company Address
Da	ted 9-13-01	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.
	1 0 4 0 9 1 FOR SECRETARY OF STATE USE ONLY	By George T- Parichas JR.
	Date: $Q-1Q-01$	Member Partner
⊖ne⊲ By:	ck No.:	Title Form No. 632 Revised 01/99

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID	Number <u>104091</u>	Annual Report for the year 2000
1.	The name of the limited liability company	is:
	Lincoln Appraisal Group,	LLC
2.	The address of the principal office of the l	imited liability company is:
	33 Arlington Street, Pawt	
3.		ws of which it is formed is:
4.		ntis: Gregory J. Schadone, 127 Dorrance Street
	Providence, Rhode Island O	
5.	The current mailing address of the lin	mited liability company and the name or title of a person to whom
		regory J. Schadone, Esquire, 127 Dorrance St.,
	Providence, Rhode Island 0	2903 2 556 2 578 2
6.	A brief statement of the character of the	business in which the limited liability company is actually engaged in the
	state: Real Estate appraisal	
7.		ers, list the name and address of each manager:
	Name	Address
		-
		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.
Date	e: <u>04-02-01</u>	Lincoln Appraisal Group, LLC
	FILED	Exact Name of Limited Liability Company
	APR 1 8 2001	By The state of th
		Panipal Imanager
_	By (15) Sed: 01/99 By (15) 3-60-61)	Thie

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ΩI	Number 104091	Annual Report for the year1999
 1.	The name of the limited liability company	is:
	Lincoln Appraisal Group	, LLC
2.	The address of the principal office of the I	
	33 Arlington Street, Pa	wtucket, Rhode Island 02860
3.		ws of which it is formed is:
4.		ntis: Gregory J. Schadone, 127 Dorrance Street
	Providence, Rhode Island	
5.	The current mailing address of the lin	mited liability company and the name or title of a person to whom
		Gregory J. Schadone, Esquire, 127 Dorrance St.,
	Providence, Rhode Island	
6		business in which the limited liability company is actually engaged in this
	state: <u>Real Estate apprais</u>	
7.		ers, list the name and address of each manager:
	Name	67.0
	rano	Address ~ Common and the common and
		9
		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.
Dat	e: <u>-04-03-01</u>	Lincoln Appraisal Group, LLC
	FILED	Exact Name of Limited Liability Company
		By All
	APR 1 8 2001	nincipal/manager
_	1 No 532 sed. 21/39 26 66 11	/ Title