RI SOS Filing Number: 202192627610 Date: 2/22/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED STAMP
FEB 22 2021
BY

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
43934	Mortgage Appraisal Co.

3. Principal Office Address	City	State	Zip
184 Waterman Lake drive	Glocester	RI	02814

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531110	Appraisals on real estate
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Micheal J. Connell	Micheal J. Connell
Street Address: 184 Waterman Lake Drive	Street Address: 184 Waterman Lake Drive
City: Glocester, State: RI, Zip: 02814	City: Glocester, State: RI, Zip: 02814
Secretary Name: Micheal J. Connell	**Treasurer Name:** Micheal J. Connell
Street Address: 184 Waterman Lake Drive	Street Address: 184 Waterman Lake Drive
City: Glocester, State: RI, Zip: 02814	City: Glocester, State: RI, Zip: 02814

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	None	Common	No Par Value
Changes require an additional filing.			

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Name of Authorized Representative	Date
Micheal J. Connell	2-8-2021

Signature of Authorized Representative — MUST BE SIGNED HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017