



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation _____

MAR 09 2021
BY [Signature]

- 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 000087701		2. Exact name of the Corporation Appraise RI, Ltd.			
3. Principal Office Address 576 Metacom Avnuc, Suite 8-A Rear			City Bristol	State RI	Zip 02809
4. NAICS Code 531110 - Real Estate and R		6. Brief description of the character of business conducted in Rhode Island To engage in the business of appraising and selling residential and commercial real estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Douglas W. Gablinske			Vice-President Name Douglas W. Gablinske		
Street Address 576 Metacom Avenue, Suite 8-A Rear			Street Address 576 Metacom Avenue, Suite 8-A Rear		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Douglas W. Gablinske			Treasurer Name Douglas W. Gablinske		
Street Address 576 Metacom Avenue, Suite 8-A Rear			Street Address 576 Metacom Avenue, Suite 8-A Rear		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Douglas W. Gablinske			Director Name NONE		
Street Address 576 Metacom Avenue, Suite 8-A Rear			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500	Common	No Par
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 Douglas W. Gablinske				Date 2/11/21	
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov