State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

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

STAMP

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 AUG 11 A 11:08

1. Entity ID Number	2. Exact name of the Corporation			
001690220	Managed Appraisal Service Inc.			
3. Principal Office Address: 550 Pinetown Rd Ste 206	City: Fort Washington	State: PA	Zip: 19034	
4. NAICS Code: 541350	6. Brief description of the character of business conducted in Rhode Island: Residential Real Estate Management Company engaged by Mortgage Lenders to randomly select licensed and certified residential real estate appraisers to perform the lender required residential real estate appraisal			
5. State of Incorporation: Pennsylvania				

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

President Name: James D Gazonas			Vice-President Name: N/A		
Street Address: 1021 Farm Ln			Street Address:		
City: West Chester	State: PA	Zip: 19382	City:	State:	Zip:
Secretary Name: James D Gazonas			Treasurer Name: James D Gazonas		
Street Address: 1021 Farm Ln			Street Address: 1021 Farm Ln		
City: West Chester	State: PA	Zip: 19382	City: West Chester	State: PA	Zip: 19382

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

Director Name: James D Gazonas			Director Name: N/A		
Street Address: 1021 Farm Ln			Street Address:		
City: West Chester	State: PA	Zip: 19382	City:	State:	Zip:
Director Name: N/A			Director Name: N/A		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	Common	$0.01

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: James D Gazonas, President

Date: 7/30/2021

Signature of Authorized Representative: James D Gazonas

FILED
AUG 11 2021
BY JRK54
AT: 11:09 A.M.

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: 08/2020