State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT OF STATE
BUSINESS SERVICES DIV
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Annual Report for the year: 2021
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number: 001670155	2. Exact name of the Corporation: R.I. REAL ESTATE APPRAISER ASSOCIATION
3. State of Incorporation: R.I.	5. Brief description of the character of business conducted in Rhode Island: TO JOIN W/ SIMILAR ASSOCIATIONS AND COALITIONS THROUGHOUT THE COUNTRY IN ORDER TO GIVE A VOICE TO THE REAL ESTATE APPRAISAL PROFESSION.
4. NAICS Code: 813910	

6. Principal Office Address	City	State	Zip
1202 CAPELLA SOUTH	NEWPORT	RI	02840

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

President Name: JAMIE MOORE			Vice-President Name: SUSAN MARTINS-PHIPPS		
Street Address: 1202 CAPELLA SOUTH			Street Address: 64 JANICE ROAD		
City: NEWPORT	State: RI	Zip: 02840	City: WARWICK	State: RI	Zip: 02886
Secretary Name: E. JENNY PLANAGAN			Treasurer Name:		
Street Address: 46 WASHINGTON ST			Street Address:		
City: WARREN	State: RI	Zip: 02885	City:	State:	Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: JAMIE MOORE			Director Name: SUSAN MARTINS-PHIPPS		
Street Address: SAME AS ABOVE			Street Address: SAME AS ABOVE		
City:	State:	Zip:	City:	State:	Zip:
Director Name: E. JENNY PLANAGAN			Director Name:		
Street Address: SAME AS ABOVE			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
JAMIE D. MOORE	6/15/21

Signature of Officer/Authorized Representative: Jamie D Moore

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OCT 07 2021
BY CMSJPQJ
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