



State of Rhode Island

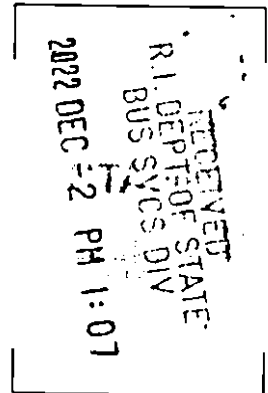
## Department of State - Business Services Division

## Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:



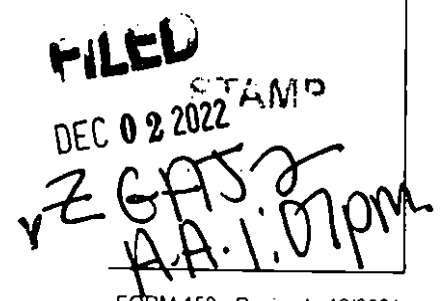
1. The name of the corporation is: <b>Appraisers First Inc.</b>		
2. It is incorporated under the laws of: <b>New Jersey</b>		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:  (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: <b>10/03/2007</b> And the period of its duration is: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: <b>199 Broad St Suite 1C, Bloomfield, NJ 07003</b>		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name <b>URS Agents, LLC</b> Street Address ( <u>NOT</u> a P.O. Box) <b>222 Jefferson Boulevard Suite 200</b>		
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02888</b>

## MAIL TO:

## Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Appraisal Management Company

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
Diane Kohli	199 Broad St Suite 1C, Bloomfield, NJ 07003

Check the box to indicate an attachment ☐

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT		
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment ☐

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
100			0

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Authorized Officer

Diane Kohli

Date

11/29/2022

Signature of Authorized Officer of the Corporation

*Diane Kohli*

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**APPRAISERS FIRST INC**  
0400198870

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on October 03, 2007.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

DIANE KOHLI  
199 BROAD STREET  
STE. 1C  
BLOOMFIELD, NJ 07003



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
17th day of October, 2022*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 2667984139

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCertJSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCertJSP/Verify_Cert.jsp)



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Nellie M. Gorbea, *Secretary of State***

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

December 02, 2022 01:07 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is positioned above the printed name.

Nellie M. Gorbea  
*Secretary of State*

