



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP
 FEB 14 2023
 3440

1. Entity ID Number 306543		2. Exact name of the Corporation Coughlin Appraisal Services, Inc.			
3. Principal Office Address 133 Oakdale Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Appraisal services.			
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 John D. Coughlin			Vice-President Name		
Street Address 133 Oakdale Road			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name John D. Coughlin			Treasurer Name John D. Coughlin		
Street Address 133 Oakdale Road			Street Address 133 Oakdale Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John D. Coughlin			Director Name		
Street Address 133 Oakdale Road			Street Address		
City North Kingstown	State RI	Zip 02852	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 <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		1,000		COMMON	
		PAR VALUE		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 John D. Coughlin, President					Date 2/10/2023
Signature of Authorized Representative <i>John D. Coughlin</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov