



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.

FILED

MAR 06 2023

BY 178
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1. Entity ID Number 001660447		2. Exact name of the Corporation AJJ Appraisals, Inc.			
3. Principal Office Address 1603 Plainfield Pike, Unit I-2			City Johnston	State RI	Zip 02919
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Appraisals			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Wally G Mazzulla			Vice-President Name Wally G Mazzulla		
Street Address 1603 Plainfield Pike, Unit I-2			Street Address 1603 Plainfield Pike, Unit I-2		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Wally G Mazzulla			Treasurer Name Wally G Mazzulla		
Street Address 1603 Plainfield Pike, Unit I-2			Street Address 1603 Plainfield Pike, Unit I-2		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Wally G Mazzulla			Director Name		
Street Address 1603 Plainfield Pike, Unit I-2			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	Common	No Par Value
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 Wally G Mazzulla					Date
Signature of Authorized Representative 					