

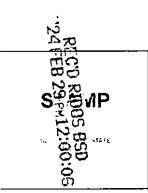
## State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2024 **Limited Liability Company** 

-> Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1, Entity ID Number	2. Exact name of the Limited Liability Company			
000728872	Springhouse, LLC			
3. NAICS Code 531390	4. Brief description of the character of business conducted in Rhode Island     Provides licensed appraisal management services principally to real estate mortgage originators.			
5. State of Formation MO				
6. Principal Office Address		City	State	Zip
7730 Market Center Avenue # 100		El Paso	TX	79912
7. Mailing Address of Limite	d Liability Company and Name or Title	e of Contact Person		
Contact Name Corin M. McCarthy		Contact Title Manager		
Street Address 2300 Lakeview Parkway, 7th Floor, Space 756		City Alpharetta	State GA	<sup>Zip</sup> 30009
8. The Resident Agent infor	nation currently of record with the RI	Department of State is accur	rate. Changes require	filing Form 642.
	y, I declare and affirm that I have ex atements contained herein are true		ing any accompany	ing schedules and
Name of Authorized Person			Date	
Corin M. McCarthy			02/15/2024	
Signature of Authorized Per	son Corin McCorthy		•	

**FILED** 

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov