RI SOS Filing Number: 202447960570 Date: 3/4/2024 4:00:00 PM



## State of Rhode Island

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

Annual Report for the year: Non-Profit Corporation  → Filing period. February 1 - May 1  → Filing Fee. \$20 00  → Penalty. Additional \$25.00 fee if		May 31.		5 005 850 FM1:35:41	<del>.</del>
1. Entity ID Number 001670155	2. Exact name of the Corporation Rhode Island Real Estate Appraiser Association				
3. State of Incorporation Rhode Island 4. NAICS Code 813910	5. Brief description of the character of business conducted in Rhode Island To join with similar associations and coalitions throughout the country in order to give a voice to the Real Estate Appraisal profession.				
6. Principal Office Address 1202 Capella South	-		City Newport	State RI	Zip 02840
7. List ALL officers (names and addresses)  Check the box to indicate an attachment					
President Name Jamie D. Moore			Vice-President Name Susan Martins-Phipps		
Street Address 1202 Capella South			Street Address 84 Janice Road		
City Newport	State RI	<sup>Zip</sup> 02840	<sup>City</sup> Warwick	State RI	Zip UZ886
Secretary Name E. Jenny Flanagan			Treasurer Name		
Street Address 46 Washington Street			Street Address		
City Warren	State RI	<sup>Zip</sup> 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 D. Moore			Director Name Susan Martins-Phipps		
Street Address same as above			Street Address same as above		
City	State	Zıp	City	State	Zìp
Director Name E. Jenny Flanagan			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

Jamie D. Moore Signature of Officer/Authorized Representative

MAIL TO: Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 04 2024

**FILED** 

BY <u>FS103</u> FORM 631- Revised: 12/2023

02/25/2024