



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FIELD

FEB 18 2025

BY 17073

1. Entity ID Number 69135		2. Exact name of the Corporation United Appraisal Group, Inc.			
3. Principal Office Address 61 Wright Lane			City North Kingstown	State RI	Zip 02852
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island Business of appraising and evaluating property of every kind and description				
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 Paul Bordieri, Jr.			Vice-President Name None		
Street Address 61 Wright Lane			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Paul Bordieri, Jr.			Treasurer Name Paul Bordieri, Jr.		
Street Address 61 Wright Lane			Street Address 61 Wright Lane		
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 None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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	PAR VALUE
		100	Common	No Par	
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 Paul Bordieri, Jr.					Date 2/17/25
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov