RI SOS Filing Number: 202331261640 Date: 3/21/2023 10:41:00 AM



State of Rhode Island

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

Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

RECEIVED								
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Penalty: Additional \$25.00 le		illed by way 31.				<u> </u>		
Entity ID Number	2. Exact name of the Corporation							
Appraisal Resource Company, Inc. 2023 IMR 21 A 10: 34								
Principal Office Address			City		State	Zip		
847 Main Street		East Greenwich		RI	02818			
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
The rendition of real estate appraisal services.								
. State of Incorporation								
Rhode Island								
7. List ALL officers (names and addresses)  Check the box to indicate an attachment								
President Name Richard K. Ber	Vice-President Name Richard K. Berlinsky							
Street Address 847 Main Street	Street Address 847 Main Street							
City East Greenwich	State RI	<sup>Zip</sup> 02818	City East Greenwich		State RI	<sup>Zip</sup> 02818		
Secretary Name Richard K. Ber	Treasurer Name Richard K. Berlinsky							
Street Address 847 Main Street	Street Address 847 Main Street							
City East Greenwich	State RI	<sup>Zip</sup> 02818	City East Greenwich		State RI	<sup>Zip</sup> 02818		
8. List ALL directors (names and ad	dresses)			Check	the box to in	ndicate an attachment		
Director Name Richard K. Berlinsky			Director Name					
Street Address 847 Main Street		Street Address						
City East Greenwich	State RI	<sup>Zip</sup> 02818	City		State	Zip		
Director Name	•	Director Name						
Street Address			Street Address					
City	State	Zıp	City		State	Zıp		
9. Shares Authorized	· · ·	10. Shares Issued		Check the box to indicate an attachment				
This information is currently of record in the Department of State.		NUMBER OF	SHARES	CLASS/SERIES		PAR VALUE		
Changes require an additional filing.		100		Common		No Par Value		
11. This report must be executed a	n habalf of the a	ornoration by an ar	thorized tentes	contative If the serve	ration is in t	he hands of a receiver or		
<ol> <li>This report must be executed of trustee, this report must be executed</li> </ol>					iauon is in t	ne nanos or 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  Richard K. Berlinsky  Date 3/2/2023								
Signature of Authorized Representative FILED								
140 91 2022								

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 0:41 BY WIL 90NJ