

2. Name of Corporation APPLE INC.

1. Corporate ID No. 157463

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e) day) is subject to a penalty fee of \$25.00.

3. Street Address Principal Business Office 1 INFINITE LOOP MS:38-3TX		CUPERTINO	State CA	² 95014		
4. Business Phone No. 408-996-1010		5. State of Incorporation CALIFORNIA	ALIFORNIA			
	SALE AND REPAI	R OF PERSONAL COMPUT			C. APPRA CHAPPATE	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAINMENT NAME STEVE JOBS			Vice President Name PETER OPPENHEIMER			
Street Address 1 INFINITE LOOP			Street Address 1 INFINITE LOOP			
City CUPERTINO	State CA	^{Zip} 95014	City CUPERTINO	State CA	95014	
Secretary Name DAN COOPERMAN			Treasurer Name GARY WIPFLER			
Street Address 1 INFINITE LOOP			Street Address 1 INFINITE LOOP			
City CUPERTINO	State CA	^{Zip} 95014	Cuy CUPERTINO	State CA	95014	
8. NAMES AND ADDRES Director Name STEVE JOBS	SSES OF THE DIRE	CTORS: ("X" BOX FOR ATT	ACHMENT) T FILL IN Director Name	SPACES BEFORE USI	NG ATTACHMENTS	
Street Address 1 INFINITE LOOP			Street Address		20	
City CUPERTINO	State CA	<i>Zip</i> 95014	City	State	Zφ	
Director Name			Director Name		<u> </u>	
Street Address			Street Address			
City	State	Zip	СЧу	State		
9. SHARES AUTHORIZI	ED '	•	10. SHARES ISSUED ISSUED SHARES — THIS SEC	("X" BOX FOR ATTA CTION MUST BE COMPLET	CHMENT S	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			888,325,973	N/A	NPV	
This report must be executive this report must be executive.	cuted on behalf of the	he corporation by an authorize the corporation by the receiver	or trustee.			
File Date Check No.	FILE	D	including any acco	ompanying schedules and are true and correct.	m that I have examined this report, statements, and that all statements Date	
By:FOR SECRETARY	OF ENELISE ONE	5		" TAX DI	etclur_	
		\longrightarrow \downarrow \downarrow	Title		Form 630 Rev. 08/08	