

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 2008

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(c), 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(c&d)) is

subject to a penalty fee of \$25.00.	,				
1. Corporate ID No. 157463	2. Name of Corpo APPLE INC				1
3. Street Address Principal Business Office 1 INFINITE LOOP MS:38-3TX			CUPERTINO	State CA	95014 ·
4. Business Phone No. 408-996-1010 5. State of Incorporation CALIFORNIA					
	ALE AND REPAIR	R OF PERSONAL COMPUT			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name STEVE JOBS			CHMENT)		
Street Address 1 INFINITE LOOP			Street Address 1 INFINITE LOOP		
City CUPERTINO	State CA	^{Zip} 95014	City CUPERTINO	State CA	^{Ζφ} 95014
Secretary Name DAN COOPERMAN			Treasurer Name GARY WIPFLER		
Street Address 1 INFINITE LOOP			Street Address 1 INFINITE LOOP		
City CUPERTINO	State CA	^{Ζίρ} 95014	City CUPERTINO	State CA	^{Ζip} 95014
8. NAMES AND ADDRESSE Director Name STEVE JOBS	es of the direc	CTORS: ("X" BOX FOR ATA	FACHMENT) T FILL IN Director Name	N SPACES BEFORE USIN	NG ATTACHMENTS
Sired Address 1 INFINITE LOOP			Street Address		
City CUPERTINO	State CA	<i>Zip</i> 95014	Спу	State	Zip 🔾
Director Name			Director Name CO		
Street Address			Street Address		
Сцу	State	Zip	City	State	2#2 V
9. SHARES AUTHORIZED	I	1		O ("X" BOX FOR ATTACECTION MUST BE COMPLETE	
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
			872,328,972	N/A	NPV
instruction shoot.					
This report must be execute this report must be executed.	ed on behalf of the	ne corporation by an authorize corporation by the receiver	ed representative. If the or trustee.	corporation is in the han	ds of a receiver or trustee

FILED	Under penalty of perjury, I declare and affirm that I have examined this repoincluding any accompanying schedules and statements, and that all statemen		
File Date By	contained herein are the and correct. Signature Signature Signature Signature Date		
Check NoBy:	TOM POGERS Print or Type Name SENIOR TAX DIRECTOR		
FOR SECRETARY OF STATE USE ONLY	Title Form 630 Rev. 08/08		