



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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(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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 102789		2. Name of Corporation APPLE Valley Oil, Inc.			
3. Street Address Principal Business Office 50 Cedar Swamp Rd/P.O Box 566 Greenville			City R.I.	State R.I.	Zip 02828
4. Business Phone No. (401) 949 0252		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Metal home heating oil sales					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph G. Harrison Jr.			Vice President Name		
Street Address 28 Spencer Rd.			Street Address		
City Greenville	State R.I.	Zip 02828	City	State	Zip
Secretary Name Nancy Harrison			Treasurer Name Joseph G. Harrison III		
Street Address 28 Spencer Rd.			Street Address 18 Arno St.		
City Greenville	State R.I.	Zip 02828	City N. Providence	State R.I.	Zip 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jennifer Tsongas			Director Name		
Street Address 58 Brown Ave			Street Address		
City N. Providence	State R.I.	Zip 02911	City	State	Zip
Director Name Joyce M. Hardman			Director Name		
Street Address 32 Orchard Ave.			Street Address		
City Greenville	State R.I.	Zip 02828	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED None		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	NO PAR				

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.

**FILED**

File Date: FEB 12 2008

Check No. 5937

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature: Joseph G. Harrison Jr. Date: 1-28-08

Print or Type Name: Joseph G. Harrison Jr.

Title: President