



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 127062		2. Exact name of the limited liability company Apple Acquisition, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Acquire, hold, and dispose of real property and interests therein			
5. Principal office address 112 Washington Street		City North Easton	State MA	Zip 02356	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Tara Foxx		Contact Title Manager			
Street Address 112 Washington Street		City North Easton	State MA	Zip 02356	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Tara Foxx		Manager Name Joy A. Beatrice			
Street Address 112 Washington Street		Street Address 40 McLaren Road			
City North Easton	State MA	Zip 02356	City Tewksbury	State MA	Zip 01876
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

2009 OCT -9 PM 12:18
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CORPORATIONS DIV.

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

127062

File Date	FILED
Check No.	OCT 09 2009
By:	By <u>Tara Foxx</u>
FOR SECRETARY OF STATE USE ONLY	

1009104

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.

Tara Foxx 10/2/09
Signature of Authorized Person Date
Tara Foxx
Print or Type Name of Authorized Person