STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • ***Filing Fee: $50.00***

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
74920	Apache Mining, Manuf. and Processing L.L.C.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	INTERESTS IN MINES, MINING CLAIMS, GROUNDS OR LODES, MINING AND MINERAL RIGHTS, CONCESSIONS OR GRANTS AND LANDS CONTAINING STONES.

5. Principal office address	City	State	Zip
207 Quaker Lane, Suite 300	West Warwick,	RI	02893

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Roney A. Malafronte	Manager

Street Address	City	State	Zip
207 Quaker Lane, Suite 300	West Warwick,	RI	02893

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS ***("X" BOX FOR ATTACHMENT)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Nicholas E. Cambio	207 Quaker Lane, Suite 300	West Warwick,	RI	02893
Vincent A. Cambio	207 Quaker Lane, Suite 300	West Warwick,	RI	02893
Roney A. Malafronte	207 Quaker Lane, Suite 300	West Warwick,	RI	02893

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
UNIVERSAL PROPERTIES GROUP, INC.			
	207 QUAKER LANE, SUITE 300	WEST WARWICK	02893

*This report must be **signed in ink** by an authorized person pursuant to R.I.G.L. 7-16-66.*

[redacted] *74920*

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.

[redacted] 10/29/03
Signature of Authorized Person *Date*

[redacted] Roney A. Malafronte
Print or Type Name of Authorized Person

File Date 10/31/03
Check No. 6647
By: [redacted]
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 7/03