



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 2010**

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

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. <b>149928</b>		2. Exact name of the limited liability company <b>APPLE TREE LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>BUY, SELL, OWN, LEASE AND DEAL WITH AND IN REAL ESTATE</b>			
5. Principal office address <b>1165 NORTH MAIN STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>HARRY M. IANNOTTI</b>			Contact Title		
Street Address <b>1165 NORTH MAIN STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>NONE</b>			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>E. COLBY CAMERON</b>			Address		
Address <b>301 PROMENADE STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02908</b>		

2010 SEP 21 AM 11:44

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

**149928**

**FILED**

File Date **SEP 21 2010**  
 Check No. **a 126893**  
 By: **BY**  
 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.

*Harry M. Iannotti* 9/16/10  
 Signature of Authorized Person Date  
**HARRY M. IANNOTTI**  
 Print or Type Name of Authorized Person