



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

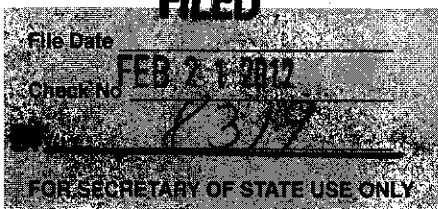
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 1166		2. Exact name of the Corporation Apple Valley Agency, Inc.			
3. Principal office address 528 Putnam Pike, P.O. Box 550			City Greenville	State RI	Zip 02828
4. Business Phone No. 401-949-0559			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Insurance Agency					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David A. Brush			Vice-President Name Nancy R. Brush-Mendizabal		
Street Address 528 Putnam Pike, P.O. Box 550			Street Address 528 Putnam Pike, P.O. Box 550		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name David A. Brush			Treasurer Name Nancy R. Brush-Mendizabal		
Street Address 528 Putnam Pike, P.O. Box 550			Street Address 528 Putnam Pike, P.O. Box 550		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name David A. Brush			Director Name Nancy R. Brush-Mendizabal		
Street Address 528 Putnam Pike, P.O. Box 550			Street Address 528 Putnam Pike, P.O. Box 550		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			900	common	no par value

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.



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 of Authorized Representative

Date

Nancy R. Brush-Mendizabal, Vice Pres.

Print or Type Name of Authorized Representative