

**Phone:** (401) 222-3040 ~ **Email:** [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov) ~ **Website:** [www.sos.ri.gov](http://www.sos.ri.gov)

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

**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. <b>424942</b>		2. Exact name of the Corporation <b>Apple Valley R.O.B.C.O., Inc.</b>								
3. Principal office address <b>50 Cedar Swamp Road, Unit 1</b>				City <b>Smithfield</b>		State <b>RI</b>		Zip <b>02917</b>		
4. Business Phone No.				5. State of Incorporation <b>Rhode Island</b>						
6. Brief description of the character of business conducted in Rhode Island <b>Operation of a Fast Food Restaurant</b>										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name <b>Robert K. Rianna</b>					Vice-President Name <b>Amanda Rianna</b>					
Street Address <b>50 Cedar Swamp Road, Unit 1</b>					Street Address <b>50 Cedar Swamp Road, Unit 1</b>					
City <b>Smithfield</b>		State <b>RI</b>		Zip <b>02917</b>		City <b>Smithfield</b>		Zip <b>02917</b>		
Secretary Name <b>Kenneth Rianna</b>					Treasurer Name <b>Robert K. Rianna</b>					
Street Address <b>50 Cedar Swamp Road, Unit 1</b>					Street Address <b>50 Cedar Swamp Road, Unit 1</b>					
City <b>Smithfield</b>		State <b>RI</b>		Zip <b>02917</b>		City <b>Smithfield</b>		Zip <b>02917</b>		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name <b>Robert K. Rianna</b>					Director Name <b>Amanda Rianna</b>					
Street Address <b>50 Cedar Swamp Road, Unit 1</b>					Street Address <b>50 Cedar Swamp Road, Unit 1</b>					
City <b>Smithfield</b>		State <b>RI</b>		Zip <b>02917</b>		City <b>Smithfield</b>		Zip <b>02917</b>		
Director Name					Director Name					
Street Address					Street Address					
City		State		Zip		City		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	
					2,000		Common		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.*

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FOR SECRETARY OF STATE USE ONLY**

**FILED**

MAR 21 2013

**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 \_\_\_\_\_

Robert K. Rianna

Print or Type Name of Authorized Representative

By MNC  
CL # 2913