



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 2015

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. 47860		2. Exact name of the Corporation Apple Valley Sand & Gravel Corp.					
3. Principal office address 33 Cedar Swamp Road				City Smithfield	State RI	Zip 02917	
4. Business Phone No. 401-232-5597				5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Excavating and construction							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name James B. Taglione				Vice-President Name James B. Taglione			
Street Address 33 Cedar Swamp Road				Street Address 33 Cedar Swamp Road			
City Smithfield	State RI	Zip 02917		City Smithfield	State RI	Zip 02917	
Secretary Name James B. Taglione				Treasurer Name James B. Taglione			
Street Address 33 Cedar Swamp Road				Street Address 33 Cedar Swamp Road			
City Smithfield	State RI	Zip 02917		City Smithfield	State RI	Zip 02917	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name James B. Taglione				Director Name			
Street Address 33 Cedar Swamp Road				Street Address			
City Smithfield	State RI	Zip 02917		City	State	Zip	
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	
				100	Common	No Par	

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2015 JAN 16 PM 12:15

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

JAN 16 2015

6L 240568

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 1-12-15

James B. Taglione

Print or Type Name of Authorized Representative