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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.	2. Exact name of the Corporation		
424942	Apple Valley R.O.B.C.O., Inc.		
3. Principal office address: 50 Cedar Swamp Road, Unit 1	City: Smithfield	State: RI	Zip: 02917
4. Business Phone No.	5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: Operation of a Fast Food Restaurant			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Robert K. Rianna			Vice-President Name: Amanda Rianna		
Street Address: 50 Cedar Swamp Road, Unit 1			Street Address: 50 Cedar Swamp Road, Unit 1		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917
Secretary Name: Kenneth Rianna			Treasurer Name: Robert K. Rianna		
Street Address: 50 Cedar Swamp Road, Unit 1			Street Address: 50 Cedar Swamp Road, Unit 1		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Robert K. Rianna			Director Name: Amanda Rianna		
Street Address: 50 Cedar Swamp Road, Unit 1			Street Address: 50 Cedar Swamp Road, Unit 1		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2000	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 _____ **FILED**

Check No _____

By: _____ MAR 0 6 2015

FOR SECRETARY OF STATE USE ONLY BY 3427

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: 3/3/15

Robert K. Rianna
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
117896-27-1030223