



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. 793084		2. Exact name of the Corporation Apple Valley Grandco, 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) <input type="checkbox"/>					
President Name Robert K. Rianna			Vice-President Name		
Street Address 50 Cedar Swamp Road, Unit 1			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name Kerri L. Murphy			Treasurer Name Julie A. Romano		
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) <input type="checkbox"/>					
Director Name Robert K. Rianna			Director Name Kerri L. Murphy		
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 Julie A. Romano			Director Name		
Street Address 50 Cedar Swamp Road, Unit 1			Street Address		
City Smithfield	State RI	Zip 02917	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
			1000	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 26 2015

BY 11656

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.

Robert K. Rianna 2/9/15
Signature of Authorized Representative Date

Robert K. Rianna

Print or Type Name of Authorized Representative