



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

| | | | | | |
|---|--------------------|---|---|--------------------|------------------------|
| 1. Entity ID Number 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. NAICS Code 722513 | | 6. Brief description of the character of business conducted in Rhode Island Operation of a Fast Food Restaurant | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an 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) Check the box to indicate an 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 02818 | City Smithfield | State RI | Zip 02818 |
| Director Name Julie A. Romano | | | Director Name | | |
| Street Address 50 Cedar Swamp Road, Unit 1 | | | Street Address | | |
| City Smithfield | State RI | Zip 02818 | City | State | Zip |
| 9. Shares Authorized | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | NUMBER OF SHARES | | CLASS/TYPE |
| | | | 1000 | Common | No Par |
| 11. 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. | | | | | |
| Name of Authorized Representative Robert K. Rianna | | | | | Date 1/31/18 |
| Signature of Authorized Representative | | | | | |

FILED
FEB 13 2018

BY 2972