



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

FEB 04 2021

BY [Signature]

- 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 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. NAICS Code 238910		6. Brief description of the character of business conducted in Rhode Island Excavation and construction			
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 James B. Taglione			Vice-President Name James B. Taglione		
Street Address 33 Cedar Swamp Road			Street Address 33 Cedar Swamp Road		
City Providence	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) Check the box to indicate an 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 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		PAR VALUE
			100	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 James B. Taglione				Date 1-30-21	
Signature of Authorized Representative <u>[Signature]</u>					

MAIL TO:
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