

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

APR 21 2023

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1101 &

1. Entity ID Number 001694383		2. Exact name of the Corporation APPLE GREEN IMPORT GRANITE INC				
3. Principal Office Address 301 CONCORD ST, DOOR 441			City PAWTUCKET	State RI	Zip 02860	
4. NAICS Code 442299		6. Brief description of the character of business conducted in Rhode Island				
5. State of Incorporation RI		IMPORT & EXPORT				
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name NAIR PEREIRA			Vice-President Name NAIR PEREIRA			
Street Address 234 DAVIS ST			Street Address 234 DAVIS ST			
City NEW BEDFORD	State MA	Zip 02746	City NEW BEDFORD	State MA	Zip 02746	
Secretary Name NAIR PEREIRA			Treasurer Name NAIR PEREIRA			
Street Address 234 DAVIS ST			Street Address 234 DAVIS ST			
City NEW BEDFORD	State MA	Zip 02746	City NEW BEDFORD	State MA	Zip 02746	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name NAIR PEREIRA			Director Name			
Street Address 234 DAVIS ST			Street Address			
City NEW BEDFORD	State MA	Zip 02746	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		CLASS/SERIES	PAR VALUE	
		1000				
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 NOM S PEREIRA					Date	
Signature of Authorized Representative NAIR S. PEREIRA						

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov