



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
Corporation

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

1. Entity ID Number 000102789		2. Exact name of the Corporation Apple Valley Oil, Inc			
3. Principal Office Address 50 Cedar Swamp Road, PO Box 566			City Greenville	State RI	Zip 02828
4. NAICS Code 454310		6. Brief description of the character of business conducted in Rhode Island Retail Sale of Heating Oil and Diesel			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph G. Harrison, Jr.			Vice-President Name Joseph G. Harrison, III		
Street Address 28 Spencer Road 40 Sheldrake Rd			Street Address 175 Mann School Road		
City Wakefield Greenville	State RI	Zip 02879 02828	City Smithfield	State RI	Zip 02917
Secretary Name Joseph G. Harrison, III			Treasurer Name Joseph G. Harrison, III		
Street Address 175 Mann School Road			Street Address 175 Mann School 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 Joseph G. Harrison, Jr.			Director Name Joseph G. Harrison, III		
Street Address 28 Spencer Road 40 Sheldrake Rd			Street Address 175 Mann School Road		
City Greenville Wakefield	State RI	Zip 02879 02828	City Smithfield	State RI	Zip 02917
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		
			100		Common Shares
					no par value
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 Joseph G. Harrison, Jr.				FILED	Date 1/17/2024
Signature of Authorized Representative 					

JAN 30 2024

BY SVRCL

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