



**State of Rhode Island
Department of State - Business Services Division**

FILED

Annual Report for the year: **2024**

MAR 26 2024
BY 9958
SS

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 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 Smithfield	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		CLASS/SERIES	
		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 3-1-24
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov