



State of Rhode Island

Department of State - Business Services Division

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.

FILED

APR 8 2024

BY *[Signature]* 1584

1. Entity ID Number 103087		2. Exact name of the Corporation Apple Construction Inc			
3. Principal Office Address 245 Mill Lane		City Portsmouth		State RI	Zip 02871
4. NAICS Code 212321		6. Brief description of the character of business conducted in Rhode Island <i>Construction</i>			
5. State of Incorporation					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Grant H Given			Vice-President Name		
Street Address 245 Mill Lane			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Grant H Given			Director Name		
Street Address 245 Mill Lane			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		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. <i>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.</i>			Date 04/05/2024		
Name of Authorized Representative Grant H Given					
Signature of Authorized Representative <i>Grant H Given</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FORM 630- Revised: 12/2023