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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

2024

MAY 0 7 2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty. Additional \$25.00 fee if form is not filed by May 31

Entity ID Number	2. Exact name of the Limited	2. Exact name of the Limited Liability Company			
159469	Apple Valley Consulting Group, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531390	Computer Management consulting and any other lawful purpose				
5. State of Formation		,	•	•	
Rhode Island					
6. Principal Office Address		City	State	Zip	
140 9th St		Providence	RI	02906	
7. Mailing Address of Limited	Liability Company and Name or 1	Title of Contact Person			
Contact Name Gordon Stroupe		Contact Title Sole Member			
Street Address 140 9th St		Crty Providence	State RI	^{Zip} 02906	
8. The Resident Agent inform	nation currently of record with the I	RI Department of State is accu	rate Changes requir	e filing Form 642	
	, I declare and affirm that I have atements contained herein are to	•	ling any accompan	ying schedules and	
alolemenia. Anu mai dii 516	Name of Authorized Person			Date	
			1		

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov