



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2011

**1. Corporate ID No.** 000087330

**2. Name of Corporation** VALLEY AFFORDABLE HOUSING CORP.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 895 MENDON ROAD

City or Town: CUMBERLAND

State: RI

Zip: 02864 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO FINANCE, DEVELOP, PACKAGE, INSURE, MANAGE, REGULATE, CONTROL, ACQUIRE & OWN DIVERSE TYPES OF HOUSING DESIGNED TO PROVIDE SAFE, SANITARY AND SUITABLE LIVING ACCOMODATIONS OF ANY AND EVERY TYPE AND KIND TO ALL PERSONS OF LOW, MODERATE ANS MIDDLE INCOME.

**7. Names and Addresses of the Officers and Directors:**

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.

| <b>Title</b>   | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|----------------|-------------------------------------------------------|-------------------------------------------------------------------|
| PRESIDENT      | JOSEPH LAMAGNA                                        | 895 MENDON ROAD<br>CUMBERLAND, RI 02864 USA                       |
| TREASURER      | JOSEPH LAMAGNA MR.                                    | 895 MENDON ROAD<br>CUMBERLAND, RI 02864 USA                       |
| SECRETARY      | PETER BOUCHARD MR                                     | 895 MENDON ROAD<br>CUMBERLAND, RI 02864 USA                       |
| VICE PRESIDENT | EDWARD F MULHOLLAND MR                                | 895 MENDON ROAD<br>CUMBERLAND, RI 02864 USA                       |
| DIRECTOR       | RICHARD S HILTON MR                                   | 895 MENDON ROAD<br>CUMBERLAND, RI 02864 USA                       |
| DIRECTOR       | JOHN MACQUEEN MR                                      | 895 MENDSON ROAD<br>CUMBERLAND, RI 02864 USA                      |
| DIRECTOR       | EUGENE MCMAHON                                        | 895 MENDON ROAD<br>CUMBERLAND, RI 02864 USA                       |
| DIRECTOR       | RICHARD BESSETT MR                                    | 895 MENDON ROAD<br>CUMBERLAND, RI 02864 USA                       |
| DIRECTOR       | ESTHER LAVALLEE MS                                    | 895 MENDON ROAD<br>CUMBERLAND, RI 02864 USA                       |
| DIRECTOR       | KENNETH ANDERSON MR                                   | 895 MENDON ROAD<br>CUMBERLAND, RI 02864 USA                       |
| DIRECTOR       | JOANNE BUTTIE MS.                                     | 895 MENDON ROAD<br>CUMBERLAND, RI 02864 USA                       |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

PETER T. BOUCHARD 895 MENDON ROAD CUMBERLAND , RI 02864

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.**

**Signed this 19 Day of July, 2011 at 11:57:19 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By PETER BOUCHARD

Signature of Officer of the Corporation

☐ President or ☐ Vice President or ☒ Secretary or ☐ Assistant Secretary or

☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.**

Form No. 631  
Revised 09/07

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