



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000484896		2. Exact name of the Corporation VALLEY GREEN, INC.			
3. Principal office address 642 SOUTH SUMMER STREET		City HOLYOKE	State MA	Zip 01040	
4. Business Phone No. 413-533-0726		5. State of Incorporation MA			
6. Brief description of the character of business conducted in Rhode Island WHOLESALE TRADE SEED					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name CHARLES A. DOOLEY			Vice-President Name JOSEPH GONCALVES		
Street Address 19 BLUEBERRY BEND			Street Address 642 SOUTH SUMMER STREET		
City SOUTH HADLEY	State MA	Zip 01075	City HOLYOKE	State MA	Zip 01040
Secretary Name JOHN ROBAK			Treasurer Name CHARLES A. DOOLEY		
Street Address 642 SOUTH SUMMER STREET			Street Address 19 BLUEBERRY BEND		
City HOLYOKE	State MA	Zip 01040	City SOUTH HADLEY	State MA	Zip 01075
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name CHARLES A. DOOLEY			Director Name JOSEPH GONCALVES		
Street Address 19 BLUEBERRY BEND			Street Address 642 SOUTH SUMMER STREET		
City SOUTH HADLEY	State MA	Zip 01075	City HOLYOKE	State MA	Zip 01040
Director Name JOHN ROBAK			Director Name		
Street Address 642 SOUTH SUMMER STREET			Street Address		
City HOLYOKE	State MA	Zip 01040	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	CNP	0.00

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

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.

Signature of Authorized Representative

JOHN ROBAK

Print or Type Name of Authorized Representative

Date

FILED

FEB 05 2015

By: **241662**

A.A. 9:54 A.M.

2/4/15