



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 28891		2. Exact name of the Corporation Valley Lodge Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To promote the general welfare of the residents of Valley Lodge.			
4. NAICS Code 813319 - Other Social Advocacy <input type="checkbox"/>					
6. Principal Office Address 10 wood River Dr.		City Hope Valley		State RI	Zip 02832
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name None			Vice-President Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name Gail Fisher			Treasurer Name Daniel Abarr		
Street Address 10 Wood River Dr.			Street Address 5 Wood River Dr.		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Daniel Abarr			Director Name Gail Fisher		
Street Address 5 Wood River Dr.			Street Address 10 Wood River Dr.		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Director Name Mark P. Snow			Director Name Paul Vachon		
Street Address 52 Riese Dr.			Street Address 46 Tall Timbers Dr		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative DANIEL ABARR TREASURER					Date 7/20/18
Signature of Officer/Authorized Representative <i>[Signature]</i>					FILED
					JUL 27 2018

MAIL TO:
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 Website: www.sos.ri.gov

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