



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 <b>28891</b>		2. Exact name of the Corporation <b>Valley Lodge Inc.</b>			
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 Advocac <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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>DANIEL ABARR TREASURER</b>					Date <b>7/20/18</b>
Signature of Officer/Authorized Representative <i>Daniel Abarr</i>					<b>FILED</b>
					<b>JUL 27 2018</b>

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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