



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

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 07 2019

BY 1892
Jan

1. Entity ID Number <u>61757</u>		2. Exact name of the Corporation <u>V+M Holding Company</u>			
3. Principal Office Address <u>8 Industrial Lane Suite 2</u>		City <u>Johnston</u>		State <u>RI</u>	Zip <u>02919</u>
4. NAICS Code <u>531390</u>		6. Brief description of the character of business conducted in Rhode Island <u>Real Estate and Related Activities</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>John Valvo</u>			Vice-President Name <u>Robert Valvo</u>		
Street Address <u>93 Lookout Avenue</u>			Street Address <u>408 Comstock Pkwy.</u>		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>
Secretary Name <u>John Valvo</u>			Treasurer Name <u>Robert Valvo</u>		
Street Address <u>93 Lookout Avenue</u>			Street Address <u>408 Comstock Pkwy.</u>		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>None</u>			Director Name <u>None</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
<u>300 Common No Par Value</u>			NUMBER OF SHARES <u>50</u>	CLASS/SERIES <u>Common</u>	PAR VALUE <u>No Par Value</u>
Changes require an additional filing.					
11. 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.					
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.					
Name of Authorized Representative <u>John Valvo</u>				Date <u>1/4/19</u>	
Signature of Authorized Representative <u>John Valvo</u>					