

 State of Rhode Island and Providence Plantations Department of State - Business Services Division		RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV 2020 JUN 23 AM 8:54 FILED JUL 08 2020 BY <u>YUF DS</u>	
Annual Report for the year: <u>2020</u> 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 <u>000105352</u>	2. Exact name of the Corporation <u>Sherwood Valley Housing Cooperative Corporation</u>		
3. State of Incorporation <u>RI</u>	5. Brief description of the character of business conducted in Rhode Island <u>mobile home park, residential homes</u>		
4. NAICS Code <u>531190</u>			
6. Principal Office Address <u>2000 Warwick Ave</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>
7. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
President Name <u>Richard Adams</u> Street Address <u>102 Sherwood Valley Ln</u> City <u>Coventry</u> State <u>RI</u> Zip <u>02816</u>		Vice-President Name <u>Diana Grimes</u> Street Address <u>108 Sherwood Valley Ln</u> City <u>Coventry</u> State <u>RI</u> Zip <u>02816</u>	
Secretary Name <u>Kelly Jencks</u> Street Address <u>91 Sherwood Valley Ln</u> City <u>Coventry</u> State <u>RI</u> Zip <u>02816</u>		Treasurer Name <u>Deborah Sevesny</u> Street Address <u>88 Sherwood Valley Ln</u> City <u>Coventry</u> State <u>RI</u> Zip <u>02816</u>	
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 <u>Richard Adams</u> Street Address <u>102 Sherwood Valley Ln</u> City <u>Coventry</u> State <u>RI</u> Zip <u>02816</u>		Director Name <u>Diana Grimes</u> Street Address <u>108 Sherwood Valley Ln</u> City <u>Coventry</u> State <u>RI</u> Zip <u>02816</u>	
Director Name <u>Steven Dalton</u> Street Address <u>47 Canterbury Lane, Unit 115</u> City <u>Coventry</u> State <u>RI</u> Zip <u>02816</u>		Director Name <u></u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>	
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.			
<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 <u>Richard Adams</u>		Date <u>6-18-20</u>	
Signature of Officer/Authorized Representative <u>Rubel Octavus</u>		SIGN DOCUMENT HERE	

MAIL TO:**Division of Business Services**

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Website: www.sos.ri.gov