



Department of State - Business Services Division

JUN 17 2021
 401

Annual Report for the year: **2021**
 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 Lnc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To promote th general welfare of the residents of Valley Lodge			
4. NAICS Code 813319 - Other Social Advocat <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 Snow		Director Name Paul Vachon			
Street Address 52 Reise Dr		Street Address 46 Tall Timbers Dr			
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Daniel Abarr Treasurer				Date 6/8/2021	
Signature of Officer/Authorized Representative 					

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