



State of Rhode Island

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) <input type="checkbox"/> Check the box to indicate an attachment					
President Name None		Vice-President Name None			
Street Address		Street Address			
City		State	Zip	City	State
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
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment					
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
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
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 <i>Daniel Abarr</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov