



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

FEB 10 2023

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2018

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 61757		2. Exact name of the Corporation V+M Holding Company			
3. Principal Office Address 8 Industrial Lane Suite 2			City Johnston	State RI	Zip 02919
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real Estate and Related Activities			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert D. Valvo			Vice-President Name Stephanie A. Parker		
Street Address 408 Comstock Pkwy.			Street Address 22 Hill Farm Camp Road		
City Cranston	State RI	Zip 02921	City Coventry	State RI	Zip 02816
Secretary Name Robert D. Valvo			Treasurer Name Stephanie A. Parker		
Street Address 408 Comstock Pkwy. --			Street Address 22 Hill Farm Camp Road		
City Cranston	State RI	Zip 02921	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name none			Director Name none		
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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. 300 Common No Par Value Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			50		Common
					No Par Value
PAR VALUE					
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 Robert D. Valvo				Date 2/2/2023	
Signature of Authorized Representative 					

MAIL TO:
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 148 W. River Street, Providence, Rhode Island 02904-2815
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 Website: www.sos.ri.gov