



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2023**

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

2023 AUG 15 P 2:55

Entity ID Number 000139059	2. Exact name of the Corporation VALLEY MOTORS, INC.		
Principal Office Address 198 Broad Street		City Cumberland	State RI
		Zip 02864	
NAICS Code 441120	6. Brief description of the character of business conducted in Rhode Island RETAIL SALE AND SERVICE OF AUTOMOBILES		
State of Incorporation Rhode Island			

List ALL officers (names and addresses) Check the box to indicate an attachment: ☐

President Name Philip Almeida			Vice-President Name Philip Almeida		
Street Address 1320 East Campbell Park Drive			Street Address 1320 East Campbell Park Drive		
City Huntington	State WV	Zip 25705	City Huntington	State WV	Zip 25705
Secretary Name Philip Almeida			Treasurer Name Philip Almeida		
Street Address 1320 East Campbell Park Drive			Street Address 1320 East Campbell Park Drive		
City Huntington	State WV	Zip 25705	City Huntington	State WV	Zip 25705

List ALL directors (names and addresses) Check the box to indicate an attachment: ☐

Director Name Philip Almeida			Director Name		
Street Address 1320 East Campbell Park Drive			Street Address		
City Huntington	State WV	Zip 25705	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Shares Authorized	10. Shares Issued		Check the box to indicate an attachment: <input type="checkbox"/>	
Information is currently of record in the Department of State.	NUMBER OF SHARES 100	CAPITAL STOCK Common	PAR VALUE No Par Value	
Changes require an additional filing.				

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.

Signature of Authorized Representative
Philip Almeida

Date
8-10-23

Signature of Authorized Representative

Philip Almeida

FILED

cc. TO:

Division of Business Services

101 River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

AUG 15 2023

BY *ML* 527

FORM 630- Revised