



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2024

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 09 2024

BY 1014

1. Entity ID Number 000105356		2. Exact name of the Corporation Sherwood Valley Housing Cooperative Corporation	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Educate and advise mobile home owners and residents of Sherwood Valley	
4. NAICS Code 531190			
6. Principal Office Address 2000 Warwick Avenue		City Warwick	State RI
		Zip 02889	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Kenneth Dwelly		Vice-President Name Lynda Hoxie	
Street Address 30 Sherwood Valley Ln, Unit 43		Street Address 46 Sherwood Valley Ln, Unit 52	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
Secretary Name Christen Merrill		Treasurer Name Marlene Moreau	
Street Address 41 Canterbury Ln, Unit 112		Street Address 10 Nottingham Place, Unit 31	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
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 Kenneth Dwelly		Director Name Lynda Hoxie	
Street Address 30 Sherwood Valley Ln, Unit 43		Street Address 46 Sherwood Valley Ln, Unit 52	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
Director Name Christen Merrill		Director Name Patricia Marcotte	
Street Address 41 Canterbury Ln, Unit 112		Street Address 89 Sherwood Valley Ln, Unit 164	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Kimberly Boulton - Kimberly Boulton			Date 2/6/24
Signature of Officer/Authorized Representative Kimberly Boulton			

MAIL TO:

Division of Business Services
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