RI SOS Filing Number: 202564392980 Date: 2/3/2025 4:00:00 PM

State of Rhode Island Department of Sta	ı ıte - Business Services Di	ivision	FILED	
•			STAMP	
Annual Report for the year:	<u> 2025 </u>		FEB, 0.3 2025	
Non-Profit Corporation → Filing period: February 1 - May 1	-		3-CH TANTON PATE	٦
→ Filing Fee: \$20.00			BY	J
→ Penalty: Additional \$25.00 fee if	form is not filed by May 31.			
1. Entity ID Number	2. Exact name of the Corporation			[
0001057520	Sherwood Valley	Horsing Conpera	tive Corp.	
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island			
L RI	Educate + advise	mobile nome of	unels	
4. NAICS Code	Educate + advise mobile home orunees + residents of Sherwood Valley			
531190		 	T .	
6. Principal Office Address		City	State Zip	
2000 Wasuni	ck Ave	Warwick	1 KY 10088	39
7. List ALL officers (names and addresses) Check the box to indicate an attachment				
President Name		Vice-President Name //		_
Kenneth Dwelly		Lynda Hoxic		
Street Address	1-11-142	Street Address Hlo. Sherium d Valla	1/21/2:L57	_
30. Sherwood Willey	State Zip	City A		2
City A COURATRE	State RY Zip 02816	LATIPATE!	State RI Zip	16
Secretary Name	7	Treasurer Name		
Christen Merril		Marlene Morecul		
Street Address 41 Cantabeley La Unit 1/2		Street Address 10 No Hingham Place Unit 31		
City /	State R.1 Zip 02816	City / CE/20/20	State R 1 Zip	-//-
O Lint All discovery (some and a	desarral BI Compositions MILET lie	t at least TUBEE disasters	1 17 1000	10
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment				
Director Name	1	Director Name		<u> </u>
Kenneth Dujelly		Lynda Hovie		
Street Address 30 Shehu 27	Heer La. Unit 43	Street Address 46 She Burne 1/a	Heyla. Unit 50	20
City ATTIENTAL	State RY 2ip 2816	City	State R 1 Zip	Ylo
Director Name Director Name				
Street Address	. 1	Street Address		
15 Friar Juck Co	r. Unit 53			
City Coventres	State R4 D2816	City	State Zip	
9. The Registered Agent information	on of record with the RI Department of	of State is accurate. Changes require	e 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 wither the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee				
Name of Officer/Authorized Repres	sentative /		Date	
Kimberly Boutton - Kaperly Manager 1-29-25 Signature of Officer/Authorized Representative				
Limberly Bourden				
MAII TO:				

MAIL TO:
Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.ri.gov