RI SOS Filing Number: 202329448640 Date: 2/24/2023 4:00:00 PM

|--|

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.

FEB	2	4	2023	STAMP
	_		,	A/

4866	FOR SETTING
------	-------------

Entity ID Number			<u></u> .					
14034	2. Exact name of the Corporation VALLEY STREAM DEVELOPMENT CORPORATION							
Principal Office Address		City				Zip		
34 Valley Stream Drive			Cumber	land	RI	02864		
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode I				.		
531390	Develop	ment and sale o	of land					
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names and	addresses)			Chec	ck the box to in	dicate an attachment		
President Name William J. Go	eddes		Vice-President Name Elise B. Geddes					
Street Address 34 Valley Stre	Street Address 34 Valley Stream Drive							
^{City} Cumberland	State RI	^{Zip} 02864	City Cumberland		State RI	^{Zip} 02864		
Secretary Name Elise B. Gedde				Treasurer Name William J. Geddes				
Street Address 34 Valley Stream Drive			Street Address 34 Valley Stream Drive					
^{City} Cumberland	State RI	^{Zip} 02864	City Cumberland		State RI	^{Z_{ip}} 02864		
8. List ALL directors (names and	addresses)			Chec	ck the box to in	idicate an attachment		
Director Name William J. Geddes		Director Name Elise B. Geddes						
Street Address 34 Valley Stream Drive			Street Address 34 Valley Stream Drive					
^{City} Cumberland	State RI	^{Žip} 02864	City Cumberland		State RI	^{Zip} 02864		
Director Name				ie	_	 		
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issu		ued Check the box to indicate an attachment				
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CIASS/SERIES COMMON		PAR VALUE		
		100	100			no par value		
11. This report must be executed	d on hehalf of the	corporation by an in	uthonzod coss	sentative If the sec	poration is in t	no hands of a recover or		
trustee, this report must be executed trustee, this report must be executed trustee.					poration is in t	ne nanus or a receiver or		
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 Representa		i nerein are true ani	a correct.		Date			
William J. Geddes $2/20/2$					120/2023			
Signature of Authorized Representative								
Wybreddes	•				 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov