



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2024**

Corporation _____

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

FILED
FEB 22 2024
BY *[Signature]*

1. Entity ID Number 14034		2. Exact name of the Corporation Valley Stream Development Corporation			
3. Principal Office Address 34 Valley Stream Drive			City Cumberland	State RI	Zip 02864
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Development and sale of land			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Elise B. Geddes			Vice-President Name		
Street Address 34 Valley Stream Drive			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Elise B. Geddes			Treasurer Name Elise B. Geddes		
Street Address 34 Valley Stream Drive			Street Address 34 Valley Stream Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Elise B. Geddes			Director Name		
Street Address 34 Valley Stream Drive			Street Address		
City Cumberland	State RI	Zip 02864	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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	common	no 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 Elise B. Geddes					Date 2/9/2024
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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