



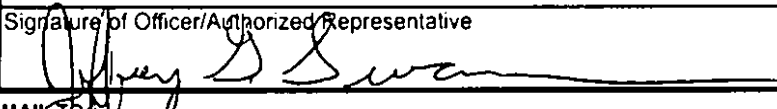
State of Rhode Island
Department of State - Business Services Division

MAY 06 2024
2074 STAMP

Annual Report for the year: 2024

Non-Profit Corporation

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

1. Entity ID Number 87330		2. Exact name of the Corporation Valley Affordable Housing Corp.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To finance, develop, package, insure, manage, regulate, control, acquire & own diverse types of housing designed to provide safe, and suitable living accomodations to all person of low.			
4. NAICS Code 624229					
6. Principal Office Address 1029 Mendon Road			City Cumberland	State RI	Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edward Mulholland			Vice-President Name Lisa Audette		
Street Address 1029 Mendon Road			Street Address 1029 Mendon Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Joanne Buttie			Treasurer Name John MacQueen		
Street Address 1029 Mendon Road			Street Address 1029 Mendon Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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 Joanne Buttie			Director Name John MacQueen		
Street Address 1029 Mendon Road			Street Address 1029 Mendon Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Edward Muiholland			Director Name Lisa Audette		
Street Address 1029 Mendon Road			Street Address 1029 Mendon Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Jeffrey G. Swanson				Date 4/19/2024	
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov