



Companies House

for the record

Company Name

RIVER VALLEY CENTRE

TSB 15
001332

5

363s Annual Return

- > Please check the details printed in blue on this statement.
- > If any details are wrong, strike them through and write the correct details in the "Amended details" column.
- > Please use black pen and write in capitals.

Company Type

Private Company Limited By

Guarantee Without Share Capital

Company Number

2151283

Information extracted from

Companies House records on

14th January 2000

Section 1: Company details



A07
COMPANIES HOUSE

0523
17/02/00

Ref: 2151283/15/42

Current details

Amended details

- > Registered Office Address
If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.

13 Hawkridge
Furzon
Milton Keynes
Buckinghamshire MK4 1BH

Address

THE RIVER VALLEY CENTRE
6 WHITE HORSE DRIVE
EMERSON VALLEY, MILTON KEYNES
UK Postcode MK4 2AS

- > Register of Members
If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.

Address where the Register is held
14 Hawkridge
Furzon
Milton Keynes
Buckinghamshire MK4 1BQ

Address

THE RIVER VALLEY CENTRE
6 WHITE HORSE DRIVE
EMERSON VALLEY, MILTON KEYNES
UK Postcode MK4 2AS

- > Register of Debenture Holders
If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.

Not Applicable

Address

UK Postcode

- > Principal Business Activities
If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.

SIC Code Description
8532 Social work without accommodation

SIC CODE Description

- > If no entries are shown, please enter principal activity code(s) in "Amended details" column. See notes for guidance for list of activity codes.

	Current details	Amended details
> Company Secretary If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column. Particulars of a new Company Secretary must be notified on form 288.	Name Lorraine Clare WILSON Address 5 Arbroath Close Bletchley Milton Keynes Buckinghamshire MK3 7ST	Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of change _ _ / _ _ / _ _ _ _ Date Lorraine Clare WILSON ceased to be secretary (if applicable) _ _ / _ _ / _ _ _ _
> Director If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column. Particulars of a new Director must be notified on form 288.	Name Denise CARINI Address 1 Beufort Drive Willen Milton Keynes Buckinghamshire Date of birth 08/07/1961 Nationality British Occupation Sad	Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Denise CARINI ceased to be director (if applicable) 25, 04, 1998
> Director If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column. Particulars of a new Director must be notified on form 288.	Name Roger GOODSHIP Address 1 Colston Bassett Emerson Valley Milton Keynes Buckinghamshire MK4 2BU Date of birth 08/08/1953 Nationality British Occupation Self Employed	Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Roger GOODSHIP ceased to be director (if applicable) _ _ / _ _ / _ _ _ _

Amended details

> Director

If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.

*Particulars of a new Director
must be notified on form
288.*

Name
Christine MERRIMAN

Address
13 HawkrIDGE
FurZton
Milton Keynes
Buckinghamshire
MK4 1BH

Date of birth 08/12/1957

Nationality British

Occupation **Teacher**

Name _____

Address

UK Postcode _ _ _ _ _

Date of birth / /

Nationality

Occupation

Date of change / /

Date Christine MERRIMAN ceased to be director (if applicable)

> Director

If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.

*Particulars of a new Director
must be notified on form
288.*

Name
Lorraine Clare WILSON

Address
5 Arbroath Close
Bletchley
Milton Keynes
Buckinghamshire
MK3 7ST

Date of birth 15/07/1968

Nationality British

Occupation **Director**

Name

Address

UK Postcode _ _ _ _ _

Date of birth _ _ / _ _ / _ _ _ _

Nationality

Occupation

Date of change _ _ / _ _ / _ _ _ _

Date Lorraine Clare WILSON ceased to be director (if applicable)



Companies House

— for the record —

363s Annual Return Declaration

- > When you have checked all the sections of this form, please complete this page and tick and sign the declaration below.
- > If you want to change the made up date of this annual return, please complete 2 below.

1. Declaration

- ☐ I confirm that the details in this annual return are correct as at the made-up-date (shown at 2 below). I enclose the filing fee of £15.

Signature

(Director / Secretary)

Date

15 / 02 / 2000

This date must not be earlier than the return date at 2 below

What to do now

Please detach and retain the covering letter, complete this page then send the whole of the Annual Return and the declaration to the address shown at 4 below.

2. Date of this return

- ☐ This AR is made up to **30/1/2000** If you are making this return up to an earlier date, please give the date here

__ / __ / ____

Note: The form must be delivered to CH within 28 days of this date

3. Date of next return

- ☐ If you wish to change your next return to a date earlier than **30th January 2001** please give the new date here:

__ / __ / ____

4. Where to send this form

- ☐ Please return this form to:
Registrar of Companies
Companies House
Crown Way
Cardiff CF14 3UZ

Have you enclosed the filing fee with the company number written on the reverse of the cheque?

Cheque ☒ Postal Order ☐ Cheque / Postal Order
Number _____

(Please complete as appropriate)

Contact Address

Please give the name and address of the person who should be contacted if there are any queries about this form.

Contact Name

Telephone number *inc code*

Address

DX number *if applicable*

DX exchange

Postcode