

1.) CORPORATION NAME:

Richfield Recovery and Care Center

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**TONYA L WOOLWINE
3615 WEST MAIN STREET
PO BOX 3240**

SCC ID NO: **00441014**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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SALEM, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3615 W MAIN ST
PO BOX 3240

CITY/ST/ZIP: SALEM, VA 24153

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	SUSAN WOODIE-WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3615 W MAIN ST		
CITY/ST/ZIP/CO:	SALEM, VA 24153		

NAME:	TONYA L WOOLWINE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CORP SEC		
ADDRESS:	PO BOX 3240		
CITY/ST/ZIP/CO:	SALEM, VA 24153		

NAME:	W STEWART BRUCE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	PO BOX 1099		
CITY/ST/ZIP/CO:	SALEM, VA 24153		

NAME:	DAVID GRING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	579 ISLAND POINTE LANE		
CITY/ST/ZIP/CO:	MONETA, VA 24121		

NAME:	D RAYMOND FISHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	PO BOX 3240		
CITY/ST/ZIP/CO:	SALEM, VA 24153		

NAME:	MARTHA ANDERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 13367		
CITY/ST/ZIP/CO:	ROANOKE, VA 24033		

NAME:	LUCY ELLETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3752 BRANDON AVENUE, SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		
NAME:	MARK GOBBLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	114 MARKET STREET, SUITE 200		
CITY/ST/ZIP/CO:	ROANOKE, VA 24011		
NAME:	KENNETH LAUGHON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 8937		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
NAME:	EDWIN POLVERINO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4767 WALTON LANE		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		
NAME:	KATHERINE STRICKLAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 14007		
CITY/ST/ZIP/CO:	ROANOKE, VA 24038-4007		
NAME:	WARREN CLARK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1920 STONEMILL DRIVE		
CITY/ST/ZIP/CO:	SALEM, VA 24153		
NAME:	ELLIS GUTSHALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	449 CANTERBURY LANE		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
NAME:	SYDNEY NORDT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1569 DUNROVIN LANE		
CITY/ST/ZIP/CO:	SALEM, VA 24153		
NAME:	MELINDA PAYNE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	722 PARAGON AVENUE		
CITY/ST/ZIP/CO:	SALEM, VA 24153		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ TONYA L WOOLWINE	TONYA L WOOLWINE, CORP SEC	5/21/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.