

1.) CORPORATION NAME:

**The Roanoke Valley Society for the Prevention of Cruelty to  
Animals**

DUE DATE: **5/14/2012**

SCC ID NO: **00666099**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM M WATSON JR  
ROANOKE VALLEY SPCA  
1340 BALDWIN AVE NE**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**ROANOKE, VA 24012**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ROANOKE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1340 BALDWIN AVE NE

CITY/ST/ZIP: ROANOKE, VA 24012

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:	BARBARA DALHOUSE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	460 TRANQUILITY RD		
CITY/ST/ZIP/CO:	MONETA, VA 24121		

NAME:	ELEANOR LASKY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8219 WINTERWOOD TRAIL		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		

NAME:	David Caudill	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2125 Yellow Mountain Road		
CITY/ST/ZIP/CO:	Unit 312 ROANOKE, VA 24014		

NAME:	Daphne TURNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2715 STEPHENSON AVENUE, SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		

NAME:	WILLIAM WATSON JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC DIR		
ADDRESS:	3054 BENT RIDGE LN		
CITY/ST/ZIP/CO:	SALEM, VA 24153		

NAME:	CARTER LEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1839 MOUNT VERNON RD		
CITY/ST/ZIP/CO:	ROANOKE, VA 24015		

NAME: ROBERT MANGUS TITLE: DIRECTOR ADDRESS: 2735 STEPHENSON AVENUE CITY/ST/ZIP/CO: ROANOKE, VA 24014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LYNDA MCGARRY TITLE: DIRECTOR ADDRESS: 390 LABELLEVUE DRIVE CITY/ST/ZIP/CO: BOONES MILL, VA 24065	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JUDY NEWBERN TITLE: DIRECTOR ADDRESS: 124 WHITE PINE LANE CITY/ST/ZIP/CO: TROUTVILLE, VA 24175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RYAN NUZZO TITLE: DIRECTOR ADDRESS: 117 NIBLICK DRIVE CITY/ST/ZIP/CO: SALEM, VA 24153	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MELINA PERDUE TITLE: DIRECTOR ADDRESS: 2125 YELLOW MOUNTAIN ROAD UNIT 307 CITY/ST/ZIP/CO: ROANOKE, VA 24014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN PRILLAMAN TITLE: DIRECTOR ADDRESS: 2803 STEPHENSON AVENUE CITY/ST/ZIP/CO: ROANOKE, VA 24014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTA STEPHENS TITLE: DIRECTOR ADDRESS: 2143 SHERVOOD AVE., SW CITY/ST/ZIP/CO: ROANOKE, VA 24015	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAULA WYCHE TITLE: DIRECTOR ADDRESS: 417 STONEBRIDGE DRIVE CITY/ST/ZIP/CO: BLUE RIDGE, VA 24064	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EDWIN D. YARBER TITLE: DIRECTOR ADDRESS: 8213 WINTERWOOD TRAIL CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

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/ WILLIAM WATSON JR	WILLIAM WATSON JR, EXEC DIR	5/14/2012
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.