

1.) CORPORATION NAME:

Commonwealth Catholic Charities

DUE DATE: **1/28/2011**

SCC ID NO: **00955278**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
GREER P JACKSON JR
8550 MAYLAND DRIVE
RICHMOND, VA 23294**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1512 WILLOW LAWN DRIVE

CITY/ST/ZIP: RICHMOND, VA 23230-0565

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:	DAVID BELDE	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	VICE CHAIRMAN				
ADDRESS:	BON SECOURS RICHMOND HEALTH SYS				
	7229 FOREST AVENUE, #208				
CITY/ST/ZIP/CO:	RICHMOND, VA 23226-				

NAME:	PATRICK HEINEN	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	CHAIR				
ADDRESS:	3521 GROVE AVENUE				
CITY/ST/ZIP/CO:	RICHMOND, VA 23221-				

NAME:	RICHARD DERRICO	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	10565 IVY RIDGE ROAD				
CITY/ST/ZIP/CO:	BENT MOUNTAIN, VA 24059-				

NAME:	JAMES K DILL	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	PAST CHAIR				
ADDRESS:	WELLS FARGO PRIVATE BANK				
	210 S JEFFERSON STREET STE 2100				
CITY/ST/ZIP/CO:	ROANOKE, VA 24011-				

NAME:	STANLEY HUDDLESTON	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	TREASURER				
ADDRESS:	12800 BIRCHAM COURT				
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23113-				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH BIBER DIRECTOR 19 CENTRE HILL COURT PO BOX 14 PETERSBURG, VA 23801-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH BOISINEAU DIRECTOR 1509 SANDGATE ROAD MIDLOTHIAN, VA 23113-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R ANDREW CHESNUT DIRECTOR 312 N SHAFER STREET PO BOX 842021 RICHMOND, VA 23284-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GERALD D BRITTLE DIRECTOR 5606 BOYNTON PLACE RICHMOND, VA 23225-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD DASH DIRECTOR 14107 WORCHESTER COURT MIDLOTHIAN, VA 23113-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCIS X DILORENZO DIRECTOR DIOCESE OF RICHMOND 7800 CAROUSEL LANE RICHMOND, VA 23294-4201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAUREEN FORD DIRECTOR 2312 SINGINGWOODS LANE RICHMOND, VA 23233-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDALL J GATZKE DIRECTOR 410 FIRST STREET ROANOKE, VA 24011-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD B JACKSON DIRECTOR 1236 SHIRLTON ROAD MIDLOTHIAN, VA 23114-4540	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY MARGARET KASTELBERG DIRECTOR 8113 HOLMES AVENUE RICHMOND, VA 23229-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	CHARLES G MARLOWE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6517 FAIRWAY FOREST DRIVE		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018-		
NAME:	MARCEL JOSEPH MCCANLESS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ST JOSEPH'S HOME FOR THE AGED 1503 MICHAELS ROAD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23229-4899		
NAME:	KATHLEEN M MCCAULEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2305 FLOYD AVENUE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23220-		
NAME:	BENJAMIN MILES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9019 TWEED ROAD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23228-		
NAME:	KENNETH MORAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10921 PEGWELL DRIVE		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23113-		
NAME:	MARGARET M PARKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	APM MANAGEMENT SERVICES 8001 FRANKLIN FARMS DRIVE STE 235		
CITY/ST/ZIP/CO:	RICHMOND, VA 23229-		
NAME:	CLIONA MARY ROBB	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3006 SEMINARY AVENUE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23227-		
NAME:	KATHY SANTINI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PROGRAM COMMITTEE		
ADDRESS:	BON SECOURS HEALTH SYSTEM 8580 MAGELLAN PARKWAY		
CITY/ST/ZIP/CO:	RICHMOND, VA 23227-		
NAME:	BENJAMIN SCAFIDI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2307 LASTINGHAM DRIVE		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23230-		
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.			
<u>/s/ PATRICK HEINEN</u>	<u>PATRICK HEINEN, CHAIR</u>	<u>1/28/2011</u>	
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.