

1.) CORPORATION NAME:

Commonwealth Catholic Charities

DUE DATE: **1/17/2012**

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: STANLEY HUDDLESTON
TITLE: TREASURER
ADDRESS: 12800 BIRCHAM COURT
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113-

OFFICER

DIRECTOR

NAME: JOSEPH BIBER
TITLE: DIRECTOR
ADDRESS: 19 CENTRE HILL COURT
PO BOX 14
CITY/ST/ZIP/CO: PETERSBURG, VA 23801-

OFFICER

DIRECTOR

NAME: JOSEPH BOISINEAU
TITLE: DIRECTOR
ADDRESS: 1509 SANDGATE ROAD
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113-

OFFICER

DIRECTOR

NAME: GERALD D BRITTLE
TITLE: DIRECTOR
ADDRESS: 5606 BOYNTON PLACE
CITY/ST/ZIP/CO: RICHMOND, VA 23225-

OFFICER

DIRECTOR

NAME: RICHARD DASH
TITLE: DIRECTOR
ADDRESS: 14107 WORCHESTER COURT
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD DERRICO DIRECTOR 10565 IVY RIDGE ROAD BENT MOUNTAIN, VA 24059-	<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:	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:	BENJAMIN MILES DIRECTOR 9019 TWEED ROAD RICHMOND, VA 23228-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLIONA MARY ROBB DIRECTOR 3006 SEMINARY AVENUE RICHMOND, VA 23227-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BENJAMIN SCAFIDI DIRECTOR 2307 LASTINGHAM DRIVE MIDLOTHIAN, VA 23230-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN M MCCAULEY VICE CHAIRMAN 2305 FLOYD AVENUE RICHMOND, VA 23220-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID BELDE CHAIRMAN BON SECOURS RICHMOND HEALTH SYS 7229 FOREST AVENUE, #208 RICHMOND, VA 23226-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES K DILL DIRECTOR 4970 FOX RIDGE ROAD ROANOKE, VA 24014-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: KATHY SANTINI TITLE: REGIONAL ADVISO ADDRESS: BON SECOURS HEALTH SYSTEM 8580 MAGELLAN PARKWAY CITY/ST/ZIP/CO: RICHMOND, VA 23227-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARY MARGARET KASTELBERG TITLE: SECRETARY ADDRESS: 8113 HOLMES AVENUE CITY/ST/ZIP/CO: RICHMOND, VA 23229-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHARLES G MARLOWE TITLE: REGIONAL ADVISO ADDRESS: 6517 FAIRWAY FOREST DRIVE CITY/ST/ZIP/CO: ROANOKE, VA 24018-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PATRICK HEINEN TITLE: PAST CHAIR ADDRESS: 3521 GROVE AVENUE CITY/ST/ZIP/CO: RICHMOND, VA 23221-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PAULA ALLOCCA TITLE: DIRECTOR ADDRESS: 1141 HOLLY BROOK LANE CITY/ST/ZIP/CO: MANAKIN-SABOT, VA 23103-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: TULINH LE TITLE: DIRECTOR ADDRESS: 15518 FOX HAVEN LANE CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: LAURA SANCHEZ DEL SOLAR TITLE: DIRECTOR ADDRESS: 3014 MONTFORT LOOP CITY/ST/ZIP/CO: HENRICO, VA 23229-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: TULSA SHARMA TITLE: DIRECTOR ADDRESS: 9001 PATTERSON AVENUE #13 CITY/ST/ZIP/CO: RICHMOND, VA 23229-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PAUL SINCLAIR TITLE: DIRECTOR ADDRESS: 4227 KINGCREST PARKWAY CITY/ST/ZIP/CO: RICHMOND, VA 23221-	<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.		
<u>/s/ DAVID BELDE</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>DAVID BELDE, CHAIRMAN</u> PRINTED NAME AND CORPORATE TITLE	<u>1/17/2012</u> 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.		