

1.) CORPORATION NAME:

Commonwealth Catholic Charities

DUE DATE: **12/18/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GREER P JACKSON JR
SPINELLA OWINGS & SHAIA PC
8550 MAYLAND DRIVE**

SCC ID NO: **00955278**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA 23294

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:	MARY MARGARET KASTELBERG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	8113 HOLMES AVENUE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23229		
NAME:	PATRICK HEINEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PAST CHAIR		
ADDRESS:	3521 GROVE AVENUE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23221		
NAME:	CHARLES G MARLOWE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	REGIONAL ADVISO		
ADDRESS:	6517 FAIRWAY FOREST DRIVE		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		
NAME:	KATHLEEN MARY MCCAULEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	2305 FLOYD AVENUE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23220		
NAME:	KATHY SANTINI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	REGIONAL ADVISO		
ADDRESS:	BON SECOURS HEALTH SYSTEM		
CITY/ST/ZIP/CO:	8580 MAGELLAN PARKWAY RICHMOND, VA 23227		
NAME:	PAULA ALLOCCA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1141 HOLLY BROOK LANE		
CITY/ST/ZIP/CO:	MANAKIN-SABOT, VA 23103		

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:	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:	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:	JAMES K DILL TREASURER 114 NORTH HARVIE STREET RICHMOND, VA 23220	<input checked="" 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:	TULINH LE DIRECTOR 15518 FOX HAVEN LANE MIDLOTHIAN, VA 23112	<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 SECRETARY 3006 SEMINARY AVENUE RICHMOND, VA 23227	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURA SANCHEZ DEL SOLAR DIRECTOR 3014 MONTFORT LOOP HENRICO, VA 23229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: BENJAMIN SCAFIDI TITLE: DIRECTOR ADDRESS: 2307 LASTINGHAM DRIVE CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TULSA SHARMA TITLE: DIRECTOR ADDRESS: 9001 PATTERSON AVENUE CITY/ST/ZIP/CO: #13 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
NAME: MICHAEL KOZAK TITLE: DIRECTOR ADDRESS: 3016 SABLE ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23233	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL METZGER TITLE: DIRECTOR ADDRESS: 5713 HARBOUR RIDGE ROAD CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE A. TUTAJ TITLE: DIRECTOR ADDRESS: 1758 STONE MILL DRIVE CITY/ST/ZIP/CO: SALEM, VA 24153	<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/ KATHLEEN MARY MCCAULEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KATHLEEN MARY MCCAULEY, CHAIRMAN PRINTED NAME AND CORPORATE TITLE	12/18/2012 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.		