

1.) CORPORATION NAME:

ROCK SPRING PRESCHOOL ASSOCIATION

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KARA BETH SOPKO LUCAS
4813 21ST STREET N
ARLINGTON, VA 22207**

SCC ID NO: **01043017**

5.) STOCK INFORMATION

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

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5010 LITTLE FALLS RD

CITY/ST/ZIP: ARLINGTON, VA 22207

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:	Nicholeen DePersis	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2828 N. Nottingham Street		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		
NAME:	COLETTE CHIPMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5121 N. 25TH STREET		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		
NAME:	KI BUURSINK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1436 LAYMAN STREET		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		
NAME:	Kara Beth Sopko Lucas	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4813 21st Street N		
CITY/ST/ZIP/CO:	Arlington, VA 22207		
NAME:	Lara D	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Co - 2nd VP		
ADDRESS:	7143 Roosevelt Ave		
CITY/ST/ZIP/CO:	Falls Church, VA 22042		
NAME:	Lauren Maimone	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Co - 2nd VP		
ADDRESS:	4624-A 28th Rd. S.		
CITY/ST/ZIP/CO:	Arlington, VA 22206		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jessica Smith Co-Membership 5238 36th Street N Arlington, VA 22207	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Melissa Jurgens Co-Membership 3119 N. Inglewood Street Arlington, VA 22207	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sandy Chiang-Daley Co-Fundraising 2733 23rd Rd. N Arlington, VA 22207	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Susan Thomas Co-Fundraising 2032 Freedom Lane Falls Church, VA 22043	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Katie Mooshian Parent Ed 6038 9th Street N Arlington, VA 22205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Erika Trost Communications 2622 N. Quantico Street Arlington, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lori Cohen Special Program 3106 N. Harrison Street Arlington, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Shana Chase Safety 5200 28th Street N Arlington, VA 22207	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Rachel Bedell Health Coordin 3142 18th Street N Arlington, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Wendy deWindt Hospitality 416 Dorchester Rd Falls Church, VA 22046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Katya Batenhorst Co-op Sched 4966 34th Rd. N Arlington, VA 22207	<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/ Kara Beth SopkoLucas	Kara Beth SopkoLucas,	3/18/2013
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.		