

1.) CORPORATION NAME:

KEMPSVILLE RESCUE SQUAD INC.

DUE DATE: **3/6/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT L SAMUEL JR
WILLIAMS MULLEN PC
222 CENTRAL PARK AVE STE 1700**

SCC ID NO: **01107663**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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VIRGINIA BEACH, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5145 RURITAN COURT

CITY/ST/ZIP: VIRGINIA BEACH, VA 23462

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: KEVIN LIPSCOMB TITLE: PRESIDENT ADDRESS: 4325 HUDGINS DRIVE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23455	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TOM KIERNAN TITLE: VICE PRESIDENT ADDRESS: 4533 CLEMSFORD DR CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23456	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TIM CRAWFORD TITLE: TREASURER ADDRESS: 1656 HAWKS BILL DR CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23464	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DAVID JIMERSON TITLE: CAPTAIN ADDRESS: 4812 AMBERJACK CT CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23464	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JUDITH PAULSEN TITLE: SECRETARY ADDRESS: 1617 WAFF ROAD CITY/ST/ZIP/CO: VA BEACH, VA 23464	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JASON GRIMES TITLE: DIRECTOR ADDRESS: 4541 HOLLINSWORTH LN CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23456	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JOHN ORMOND TITLE: DIRECTOR ADDRESS: 5145 RURITAN CT CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23462	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: APRIL ACHESINSKI TITLE: DIRECTOR ADDRESS: 5145 RURITAN CT CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23462	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAN JAMES TITLE: DIRECTOR ADDRESS: 204 COLISS AVE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23462	<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/ KEVIN LIPSCOMB SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KEVIN LIPSCOMB, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/6/2014 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.		