

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212518594

1.) CORPORATION NAME:

Les Gemmes, Incorporated

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DR DOLORES E RAY WILSON
5228 WEST RANDOLPH COURT
VIRGINIA BEACH, VA 23464**

SCC ID NO: **01161983**

5.) STOCK INFORMATION

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

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: Mrs. Edwina Hefner
708 Postal Court

CITY/ST/ZIP: Brentwood, TN 37027

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:	EDWINA HEFNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	708 POSTAL COURT		
CITY/ST/ZIP/CO:	BRENTWOOD, TN 37027		

NAME:	DENISE MACKIE-SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	FINANCIAL SEC		
ADDRESS:	301 N. BEAUREGARD ST UNIT 808		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 23312		

NAME:	JANET JONES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1208 WATER FOWL WAY		
CITY/ST/ZIP/CO:	UPPER MARLBORO, MD 20774		

NAME:	MARGARET DARBY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SECT		
ADDRESS:	505 HANCOCK STREET		
CITY/ST/ZIP/CO:	OXFORD, NC 27565		

NAME:	DELORES E. Ray WILSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	REG AGENT		
ADDRESS:	5228 W RANDOLPH COURT		
CITY/ST/ZIP/CO:	VA BEACH, VA 23464		

NAME:	Paula Jones	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	105 Stewart Court		
CITY/ST/ZIP/CO:	Rocky Mount, NC 27803		

NAME: Charlina Hadi OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 3034 St. Mihiel Court
CITY/ST/ZIP/CO: Norfolk, VA 23509

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/ DELORES E. Ray WILSON</u>	<u>DELORES E. Ray WILSON, REG</u>	<u>5/17/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	AGENT 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.