

1.) CORPORATION NAME:

Les Gemmes, Incorporated

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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:	Vice President		
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:	Financial Sect		
ADDRESS:	1208 WATER FOWL WAY		
CITY/ST/ZIP/CO:	UPPER MARLBORO, MD 20774		

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:	Joyce Ball	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Parliamentarian		
ADDRESS:	1425 Hampshire Place		
CITY/ST/ZIP/CO:	Nashville, TN 37221		

NAME:	Tanya Ransom	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	18716 Martins Lansing Drive		
CITY/ST/ZIP/CO:	Germantown, MD 20874		

NAME: Ellarine Alston TITLE: ASST SECRETARY ADDRESS: 707 Williamsboro Street CITY/ST/ZIP/CO: Oxford, NC 27565	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Wilma Moore TITLE: TREASURER ADDRESS: P.O. Box 193 CITY/ST/ZIP/CO: Oxford, NC 27565	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ DELORES E. RAY WILSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DELORES E. RAY WILSON, REG AGENT PRINTED NAME AND CORPORATE TITLE	4/30/2014 DATE
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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.