

1.) CORPORATION NAME: <b>COVINGTON AMUSEMENT COMPANY, INC.</b>	DUE DATE: <b>11/30/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>JEFFERY EDWARD GOODMAN 508 GARRISONVILLE ROAD STAFFORD, VA</b>	SCC ID NO: <b>01237015</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>STAFFORD COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,500
CLASS	AUTHORIZED				
COMMON	1,500				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 508 GARRISONVILLE ROAD  CITY/ST/ZIP: STAFFORD, VA 22554	
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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: MOLLIE GOODMAN TITLE: PRESIDENT ADDRESS: 6910 SMITH STATION RD CITY/ST/ZIP/CO: SPOTSYLVANIA, VA 22553	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: JEFFERY E GOODMAN TITLE: SECY/TREAS ADDRESS: 6910 SMITH STATION RD CITY/ST/ZIP/CO: SPOTSYLVANIA, VA 22553	<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/ JEFFERY E GOODMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEFFERY E GOODMAN, SECY/TREAS PRINTED NAME AND CORPORATE TITLE	10/24/2015 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.