

1.) CORPORATION NAME:

**AL-A-MO RECOVERY CENTER, INC.**

DUE DATE: **9/30/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
DWIGHT C. MCKINNEY  
35 SOUTH MARKET STREET  
PETERSBURG, VA 23803**

SCC ID NO: **01341924**

5.) STOCK INFORMATION

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

**PETERSBURG CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 35 S MARKET ST

CITY/ST/ZIP: PETERSBURG, VA 23803-

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: DWIGHT MCKINNEY  
TITLE: PRESIDENT  
ADDRESS: 319 MAPLE AVE  
CITY/ST/ZIP/CO: COLONIAL HEIGHTS, VA 23834-

OFFICER

DIRECTOR

NAME: BURTON PEARMAN  
TITLE: VICE PRESIDENT  
ADDRESS: 2349 GOLDEN GARDEN CIRCLE  
CITY/ST/ZIP/CO: CHESTER, VA 23836-

OFFICER

DIRECTOR

NAME: WAYNE GEE  
TITLE: DIRECTOR  
ADDRESS: 15 MARS STREET  
CITY/ST/ZIP/CO: PETERSBURG, VA 23803-

OFFICER

DIRECTOR

NAME: CHARLES BARNETTE  
TITLE: DIRECTOR  
ADDRESS: 114 ROYAL OAK AV  
CITY/ST/ZIP/CO: COLONIAL HEIGHTS, VA 23834-

OFFICER

DIRECTOR

NAME: FREDDIE NICHOLAS  
TITLE: SECRETARY  
ADDRESS: 825 GREEN GARDEN CIRCLE  
CITY/ST/ZIP/CO: CHESTER, VA 23836-

OFFICER

DIRECTOR

NAME: CEDRIC BROYLES TITLE: DIRECTOR ADDRESS: 28 PERRY ST CITY/ST/ZIP/CO: PETERSBURG, VA 23803-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TOM FITZGERALD TITLE: DIRECTOR ADDRESS: 901 PARK AV CITY/ST/ZIP/CO: COLONIAL HEIGHTS, VA 23834-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES GOODWIN TITLE: DIRECTOR ADDRESS: 404 RIVER RD CITY/ST/ZIP/CO: FARMVILLE, VA 23901-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DENNIS HARDAWAY TITLE: DIRECTOR ADDRESS: 25406 COX RD #121 CITY/ST/ZIP/CO: DINWIDDIE, VA 23803-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANTONIO HOLMES TITLE: DIRECTOR ADDRESS: 2006 FRANKLIN AV CITY/ST/ZIP/CO: COLONIAL HEIGHTS, VA 23834-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: AL JEFFERSON TITLE: DIRECTOR ADDRESS: 578 ROBERSON ST CITY/ST/ZIP/CO: PETERSBURG, VA 23805-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN MCDONALD TITLE: DIRECTOR ADDRESS: 4511 FAIRWAY RD CITY/ST/ZIP/CO: PETERSBURG, VA 23803-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: OLIVER RAINEY TITLE: DIRECTOR ADDRESS: 510 WEBSTER ST CITY/ST/ZIP/CO: PETERSBURG, VA 23802-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JEFFREY MINCKS TITLE: DIRECTOR ADDRESS: 209 CHESTERFIELD AV CITY/ST/ZIP/CO: COLONIAL HEIGHTS, VA 23834-	<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.	
<u>/s/ FREDDIE NICHOLAS</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>FREDDIE NICHOLAS, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE
<u>8/31/2010</u> 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.	