

1.) CORPORATION NAME:

**WESTERN BRANCH METALS, INC.**

DUE DATE: **5/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MARK D MARCHETTI  
1006 OBICI INDUSTRIAL BLVD  
SUFFOLK, VA**

SCC ID NO: **01666643**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**SUFFOLK CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1006 OBICI INDUSTRIAL BLVD

CITY/ST/ZIP: SUFFOLK, VA 23434

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:	KENNETH L STONE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	105 WATERVIEW ROAD		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23435		
NAME:	MARK MARCHETTI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1519 WILD DUCK CROSSING		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23321		
NAME:	JAMES R A STANLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	S/T		
ADDRESS:	5606 GREENFIELD DR.S.		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23703		
NAME:	HAROLD U BLYTHE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	27110 DUKE MEADOWS LANE		
CITY/ST/ZIP/CO:	WALTERS, VA 23481		
NAME:	LARRY L. FELTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	106 NORTHGATE RD.		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23434		
NAME:	PETER JACKSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	415 MARKET STREET		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23434		

NAME: JONIE MANSFIELD TITLE: DIRECTOR ADDRESS: 136 KINGS POINT DRIVE CITY/ST/ZIP/CO: SUFFOLK, VA 23434	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: JAMES E TURNER, JR TITLE: DIRECTOR ADDRESS: 9119 RIVER CRESCENT CITY/ST/ZIP/CO: SUFFOLK, VA 23433	<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/ KENNETH L STONE	KENNETH L STONE, PRESIDENT	3/27/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.