

1.) CORPORATION NAME:

Richfield Foundation

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**TONYA L WOOLWINE
3615 WEST MAIN STREET
PO BOX 3240**

SCC ID NO: **01670629**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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SALEM, VA 24153

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3615 W MAIN ST
PO BOX 3240

CITY/ST/ZIP: SALEM, VA 24153

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:	SUSAN WOODIE-WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3615 W MAIN ST		
CITY/ST/ZIP/CO:	SALEM, VA 24153		

NAME:	TONYA L WOOLWINE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CORP SEC		
ADDRESS:	PO BOX 3240		
CITY/ST/ZIP/CO:	SALEM, VA 24153		

NAME:	W STEWART BRUCE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	PO BOX 1099		
CITY/ST/ZIP/CO:	SALEM, VA 24153		

NAME:	I RAY BYRD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	226 LEWIS AVE		
CITY/ST/ZIP/CO:	SALEM, VA 24153		

NAME:	DONALD G SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	415 CANTERBURY LANE SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		

NAME:	DR. MARTHA ANDERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 13367		
CITY/ST/ZIP/CO:	ROANOKE, VA 24033		

NAME: LUCY ELLETT TITLE: DIRECTOR ADDRESS: 3752 BRANDON AVENUE SW CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARK GOBBLE TITLE: DIRECTOR ADDRESS: 114 MARKET STREET, SUITE 200 CITY/ST/ZIP/CO: ROANOKE, VA 24011	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DR DAVID GRING TITLE: VICE CHAIRMAN ADDRESS: 579 ISLAND POINTE LANE CITY/ST/ZIP/CO: MONETA, VA 24121	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KENNETH C LAUGHON TITLE: DIRECTOR ADDRESS: PO BOX 8937 CITY/ST/ZIP/CO: ROANOKE, VA 24014	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DR EDWIN POLVERINO TITLE: DIRECTOR ADDRESS: 4767 WALTON LANE CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ROBERT RECTOR TITLE: PRESIDENT ADDRESS: 3615 W MAIN STREET CITY/ST/ZIP/CO: SALEM, VA 24153	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: KATHERINE STRICKLAND TITLE: DIRECTOR ADDRESS: PO BOX 14007 CITY/ST/ZIP/CO: ROANOKE, VA 24038	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RAY FISHER TITLE: CFO ADDRESS: 3615 W MAIN STREET CITY/ST/ZIP/CO: PO BOX 3240 SALEM, VA 24153	<input checked="" type="checkbox"/> OFFICER <input 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/ TONYA L WOOLWINE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TONYA L WOOLWINE, CORP SEC PRINTED NAME AND CORPORATE TITLE	4/24/2012 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.		