

1.) CORPORATION NAME:

RAPPAHANNOCK SHORES ASSOCIATION, INC.

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NANCY ENGLISH
191 SHORE DR
DUNNSVILLE, VA 22454**

SCC ID NO: **01690221**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ESSEX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 191 SHORE DRIVE

CITY/ST/ZIP: DUNNSVILLE, VA 22454

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:	DEAN PARSONS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9604 Gaslight Place		
CITY/ST/ZIP/CO:	RICHMOND, VA 23229		
NAME:	HAL STANLEY JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	146 OAK LANE		
CITY/ST/ZIP/CO:	DUNNSVILLE, VA 22454		
NAME:	NANCY ENGLISH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	191 SHORE DRIVE		
CITY/ST/ZIP/CO:	DUNNSVILLE, VA 22454		
NAME:	CONSTANCE W. LAUCK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO BOX 785		
CITY/ST/ZIP/CO:	CHESTERFIELD, VA 23832		
NAME:	JOHN CHILDRESS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2189 MUDDY GUT ROAD		
CITY/ST/ZIP/CO:	DUNNSVILLE, VA 22454		
NAME:	BILL DUNN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	201 York Rd		
CITY/ST/ZIP/CO:	Dunnsville, VA 22454		

NAME: BRUCE ALLSOP TITLE: DIRECTOR ADDRESS: 10630 White Rabbit Rd CITY/ST/ZIP/CO: Richmond, VA 23235	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: David Forney TITLE: DIRECTOR ADDRESS: 166 Norton Point Rd CITY/ST/ZIP/CO: Dunnsville, VA 22454	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Andrea Funai TITLE: DIRECTOR ADDRESS: 7088 McAuley Lane CITY/ST/ZIP/CO: Mechanicsville, VA 32111	<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/ NANCY ENGLISH	NANCY ENGLISH, TREASURER	8/8/2012
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.		