

1.) CORPORATION NAME:

RAPPAHANNOCK SHORES ASSOCIATION, INC.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **01690221**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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:	EDWARD FUNAI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	120 NEWPORT RD		
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:	BRUCE ALLSOP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10630 WHITE RABBIT RD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23235		
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 TITLE: DIRECTOR ADDRESS: 201 YORK RD CITY/ST/ZIP/CO: DUNNSVILLE, VA 22454	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DENNIS L. ENGLISH TITLE: DIRECTOR ADDRESS: 191 SHORE DRIVE 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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NANCY ENGLISH, TREASURER PRINTED NAME AND CORPORATE TITLE	8/30/2013 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.		