

1.) CORPORATION NAME:

Samuels Library, Incorporated

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MARY M. LYNCH
330 EAST CRISER ROAD
FRONT ROYAL, VA**

SCC ID NO: **01771112**

5.) STOCK INFORMATION

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

WARREN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 330 EAST CRISER ROAD

CITY/ST/ZIP: FRONT ROYAL, VA 22630

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: JOAN K. RICHARDSON TITLE: PRESIDENT ADDRESS: 1080 STONEY BOTTOM ROAD CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN BENNETT TITLE: VICE PRESIDENT ADDRESS: 2415 PANHANDLE RD. CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHEN L JEROME TITLE: SECRETARY ADDRESS: 43 CHESTER STREET CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NELLIE ADKINS TITLE: DIRECTOR ADDRESS: 251 CATLETTS FORD CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARY ANNE BIGGS TITLE: TREASURER ADDRESS: 164 GREYSTONE RD. CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANTOINETTE FUNK TITLE: DIRECTOR ADDRESS: 1204 DEVIN COURT CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MARY M. LYNCH TITLE: DIRECTOR ADDRESS: 2788 SWIMLEY RD. CITY/ST/ZIP/CO: BERRYVILLE, VA 22611	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL RICHARDS TITLE: DIRECTOR ADDRESS: 444 ALPINE DRIVE CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TOM WILKINS TITLE: At Large ADDRESS: 8376 STONEWALL JACKSON HWY CITY/ST/ZIP/CO: FRONT ROYAL, VA 22630	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Susan Hrbek TITLE: DIRECTOR ADDRESS: 432 Locust Dale Rd. CITY/ST/ZIP/CO: Front Royal, VA 22630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Laura Linn TITLE: DIRECTOR ADDRESS: 1390 Granny Smith Rd. CITY/ST/ZIP/CO: Front Royal, VA 22630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Denise Nassetta TITLE: DIRECTOR ADDRESS: 1094 High Knob Rd. CITY/ST/ZIP/CO: Front Royal, VA 22630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jon Berry TITLE: DIRECTOR ADDRESS: 1331 Baron Place CITY/ST/ZIP/CO: Front Royal, VA 22630	<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/ JOAN K. RICHARDSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOAN K. RICHARDSON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/28/2013 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.		