

1.) CORPORATION NAME:

RAPPAHANNOCK COMMUNITY SERVICES, INC.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GARY M NUCKOLS
725 JACKSON ST STE 200
FREDERICKSBURG, VA**

SCC ID NO: **02303022**

5.) STOCK INFORMATION

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

FREDERICKSBURG CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 600 JACKSON STREET

CITY/ST/ZIP: FREDERICKSBURG, VA 22401

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: CHARLES A. COOPER, SR. TITLE: VICE PRESIDENT ADDRESS: 109 WEST WILDWOOD LANE CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RONALD W. BRANSCOME TITLE: PRESIDENT ADDRESS: 213 SLEEPY HOLLOW TRAIL CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: B. ANNETTE JOHNSON TITLE: SEC/TREAS ADDRESS: 610 JETT STREET CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: AL COLLINS TITLE: DIRECTOR ADDRESS: 21418 KIDDS FORK ROAD CITY/ST/ZIP/CO: BOWLING GREEN, VA 22427	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES A. COOPER, JR. TITLE: DIRECTOR ADDRESS: 109 WEST WILDWOOD LANE CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAWRENCE A. DAVIES TITLE: DIRECTOR ADDRESS: 1301 CARDWELL STREET CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: IRA WEST TITLE: DIRECTOR ADDRESS: P.O. BOX 59 CITY/ST/ZIP/CO: DAHLGREN, VA 22448	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BARBARA L. WILLIAMS TITLE: DIRECTOR ADDRESS: 60 BRIMLEY DRIVE CITY/ST/ZIP/CO: APARTMENT 202 FREDERICKSBURG, VA 22406	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BETH ELKINS TITLE: DIRECTOR ADDRESS: PO BOX 175 CITY/ST/ZIP/CO: DOUGUE, VA 22451	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: SHERRY GIVENS TITLE: DIRECTOR ADDRESS: 9808 ELYES FORD ROAD CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22407	<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/ RONALD W. BRANSCOME SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RONALD W. BRANSCOME, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/14/2014 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.		