

1.) CORPORATION NAME:

SMITH RIVER RESCUE SQUAD, INCORPORATED

DUE DATE: **5/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MAVIN E HARRIS
763 RIDGE RD
WOOLWINE, VA**

SCC ID NO: **02866416**

5.) STOCK INFORMATION

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

PATRICK COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P. O. BOX 122

CITY/ST/ZIP: WOOLWINE, VA 24185

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:	DEBORAH F JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1588 LEE ELGIN RD		
CITY/ST/ZIP/CO:	WOOLWINE, VA 24185		
NAME:	VALERIE FOLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	220 LEE ELGIN RD.		
CITY/ST/ZIP/CO:	STUART, VA 24171		
NAME:	CRYSTAL HARRIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CAPTAIN		
ADDRESS:	763 RIDGE RD.		
CITY/ST/ZIP/CO:	WOOLWINE, VA 24185		
NAME:	ERIKA BLESSMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	1ST LIEUTENANT		
ADDRESS:	28 ASHWOOD TRAIL		
CITY/ST/ZIP/CO:	WOOLWINE, VA 24185		
NAME:	JULIA CONNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SUPPLY SGT.		
ADDRESS:	PO BOX 116		
CITY/ST/ZIP/CO:	WOOLWINE, VA 24185		
NAME:	MARY RUTH CONNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TRNING OFFICER		
ADDRESS:	452 RIDGE RD.		
CITY/ST/ZIP/CO:	WOOLWINE, VA 24185		

NAME: CHRISTINE ELGIN TITLE: CHAPLAIN ADDRESS: 3705 ELAMSVILLE RD. CITY/ST/ZIP/CO: STUART, VA 24171	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DUSTIN FOLEY TITLE: 2ND LIEUTENANT ADDRESS: 5414 WOOLWINE HIGHWAY CITY/ST/ZIP/CO: STUART, VA 24171	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: NANCY BELCHER TITLE: DIRECTOR ADDRESS: 211 WINDY RIDGE RD. CITY/ST/ZIP/CO: WOOLWINE, VA 24185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ELLEN ELGIN TITLE: DIRECTOR ADDRESS: 441 LEE ELGIN RD. CITY/ST/ZIP/CO: STUART, VA 24171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MAVIN HARRIS TITLE: DIRECTOR ADDRESS: 763 RIDGE RD. CITY/ST/ZIP/CO: WOOLWINE, VA 24185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ELLEN HYLTON TITLE: DIRECTOR ADDRESS: 153 SHADY LANE CITY/ST/ZIP/CO: STUART, VA 24171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPHINE MORICLE TITLE: DIRECTOR ADDRESS: 3512 CHARITY HIGHWAY CITY/ST/ZIP/CO: WOOLWINE, VA 24185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALGIE SPENCER TITLE: DIRECTOR ADDRESS: 9520 WOOLWINE HIGHWAY CITY/ST/ZIP/CO: WOOLWINE, VA 24185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RAY WELLS TITLE: DIRECTOR ADDRESS: 267 RIDGE RD. CITY/ST/ZIP/CO: WOOLWINE, VA 24185	<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.

<u>/s/ DEBORAH F JOHNSON</u>	<u>DEBORAH F JOHNSON,</u>	<u>3/31/2015</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER 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.