

1.) CORPORATION NAME: **WAT LAO BUDDHAVONG, INC.** DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **ILENE MARIE TOGNINI  
22291 NEWLIN MILL RD  
MIDDLEBURG, VA** SCC ID NO: **03428158**

5.) STOCK INFORMATION  

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

4.) STATE OR COUNTRY OF INCORPORATION:  
**VA**

6.) PRINCIPAL OFFICE ADDRESS:  
  
 ADDRESS: P.O. Box 201  
 CITY/ST/ZIP: Middleburg, VA 20118

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BOUNMY KITTIPHANE		
TITLE: PRESIDENT		
ADDRESS: 3043 CATLETT RD		
CITY/ST/ZIP/CO: CATLETT, VA 20119		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PHONEXAY MINGSISOUPHANH		
TITLE: VICE PRESIDENT		
ADDRESS: 3043 CATLETT RD		
CITY/ST/ZIP/CO: CATLETT, VA 20119		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SOUTHALOVONG BOUTAH		
TITLE: SECRETARY		
ADDRESS: 6402 HOLYOAK DR		
CITY/ST/ZIP/CO: ANNANDALE, VA 22305		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ILENE MARIE TOGNINI, ESQ		
TITLE: SEC/TREAS		
ADDRESS: P.O. BOX 201		
CITY/ST/ZIP/CO: Middleburg, VA 20118		

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/ ILENE MARIE TOGNINI, ESQ	ILENE MARIE TOGNINI, ESQ,	6/7/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SEC/TREAS 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.