

SCC eFile

2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

215532118

1.) CORPORATION NAME:

**BLUERIDGE PLASTICS, INC.**

DUE DATE: **8/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATHANIEL M COLLIER III  
110 NORFOLK AVE STE B  
COLONIAL HEIGHTS, VA**

SCC ID NO: **03635174**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 25,000     |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**COLONIAL HEIGHTS CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 1600

CITY/ST/ZIP: PETERSBURG, VA 23805-1600

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:           | KIRIT T MEHTA             |   |  |
| TITLE:          | PRES/TREASURER            |   |  |
| ADDRESS:        | PO BOX 1600               |   |  |
| CITY/ST/ZIP/CO: | PETERSBURG, VA 23805-1600 |   |  |

|                 |                           |   |                                   |
|-----------------|---------------------------|---|-----------------------------------|
|                 |                           | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | URVASHI MEHTA             |   |                                   |
| TITLE:          | SECRETARY                 |   |                                   |
| ADDRESS:        | PO BOX 1600               |   |                                   |
| CITY/ST/ZIP/CO: | PETERSBURG, VA 23805-1600 |   |                                   |

|                 |                           |   |                                   |
|-----------------|---------------------------|---|-----------------------------------|
|                 |                           | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | URVI MEHTA                |   |                                   |
| TITLE:          | ASST SECRETARY            |   |                                   |
| ADDRESS:        | PO BOX 1600               |   |                                   |
| CITY/ST/ZIP/CO: | PETERSBURG, VA 23805-1600 |   |                                   |

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/ KIRIT T MEHTA</u>                            | <u>KIRIT T MEHTA,</u>                              | <u>8/31/2015</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRES/TREASURER<br>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.