

1.) CORPORATION NAME: <b>RIDGEMONT FARM LTD.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>BARBARA A CORBETT          1502 POPLAR RIDGE CIR          BLACKSBURG, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>MONTGOMERY COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	DUE DATE: <b>3/31/2015</b> SCC ID NO: <b>03725546</b> 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMA</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMA	10,000
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COMA	10,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1502 POPLAR RIDGE CIRCLE

CITY/ST/ZIP: BLACKSBURG, VA 24060

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: BARBARA A CORBETT TITLE: PRES/SEC ADDRESS: 1502 POPLAR RIDGE CIRCLE CITY/ST/ZIP/CO: BLACKSBURG, VA 24060		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KATHERINE LYNN HICKOK TITLE: VP/TREAS ADDRESS: 1502 POPLAR RIDGE CITY/ST/ZIP/CO: BLACKSBURG, VA 24060		

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/ BARBARA A CORBETT	BARBARA A CORBETT, PRES/SEC	2/26/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.