

1.) CORPORATION NAME:

Richmond Friends of the Homeless, Ltd.

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SHAWNEE M HANSEN
5209 HACKNEY RD
RICHMOND, VA 23234**

SCC ID NO: **03792397**

5.) STOCK INFORMATION

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

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4600 Jaydee Drive

CITY/ST/ZIP: Moseley, VA 23120

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:	SHAWNEE M HANSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4600 Jaydee		
CITY/ST/ZIP/CO:	Moseley, VA 23120		
NAME:	SARA NUNN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3131 Brigstock Rd		
CITY/ST/ZIP/CO:	Midlothian, VA 23113		
NAME:	RICH CHANDLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2505 Glen Center St		
CITY/ST/ZIP/CO:	Richmond, VA 23223		
NAME:	SHELDON DRAKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9512 Ironbridge Rd #200		
CITY/ST/ZIP/CO:	Chesterfield, VA 23832		
NAME:	CAMILLE HANSEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4600 Jaydee Dr		
CITY/ST/ZIP/CO:	Moseley, VA 23120		
NAME:	JOHN HUGHES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9512 Ironbridge Rd - SUITE 200		
CITY/ST/ZIP/CO:	Chesterfield, VA 23832		

NAME: MARI MACKEY TITLE: DIRECTOR ADDRESS: 1801 Greenville Ave CITY/ST/ZIP/CO: Richmond, VA 23220	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BERNARD ROBINSON TITLE: DIRECTOR ADDRESS: 14421 Justice Rd CITY/ST/ZIP/CO: Midlothian, VA 23112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RON VOLI TITLE: DIRECTOR ADDRESS: 15649 Fox Cove Circle CITY/ST/ZIP/CO: Moseley, VA 23120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARTY KELLY TITLE: VICE CHAIRMAN ADDRESS: 2301 Cardiff Way CITY/ST/ZIP/CO: Richmond, VA 23236	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Dale Matheney TITLE: SECRETARY ADDRESS: 5901 East Bluff Ct CITY/ST/ZIP/CO: Midlothian, VA 23112	<input checked="" 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/ SHAWNEE M HANSEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHAWNEE M HANSEN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/17/2012 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.		