

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213534363

1.) CORPORATION NAME:

**WASHINGTON/SMYTH READY-MIX, INC.**

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KYRA KEGLEY BISHOP  
170 EAST MAIN STREET  
CHILHOWIE, VA**

SCC ID NO: **03950870**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**SMYTH COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 170 EAST MAIN ST

CITY/ST/ZIP: CHILHOWIE, VA 24319

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:	KENNETH M TAYLOR	
TITLE:	PRESIDENT	
ADDRESS:	P O BOX 927	
CITY/ST/ZIP/CO:	CHILHOWIE, VA 24319	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KYRA K BISHOP	
TITLE:	TREASURER	
ADDRESS:	P O BOX 405	
CITY/ST/ZIP/CO:	CHILHOWIE, VA 24319	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	THOMAS B BISHOP	
TITLE:	SECRETARY	
ADDRESS:	PO BOX 350	
CITY/ST/ZIP/CO:	CHILHOWIE, VA 24319	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	D C WALKER	
TITLE:	DIRECTOR	
ADDRESS:	P O BOX 730	
CITY/ST/ZIP/CO:	CHILHOWIE, VA 24319	

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/ KYRA K BISHOP	KYRA K BISHOP, TREASURER	7/24/2013
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.