

1.) CORPORATION NAME:

THE NORTHERN NECK ALLIANCE, INCORPORATED

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**HELEN B WILKINS
18849 KINGS HWY
PO BOX 302**

SCC ID NO: **04071130**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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MONTROSS, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

WESTMORELAND COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 40

CITY/ST/ZIP: COLONIAL BEACH, VA 22443

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:	HELEN WILKINS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 302		
CITY/ST/ZIP/CO:	MONTROSS, VA 22520		
NAME:	BELINDA JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 302		
CITY/ST/ZIP/CO:	MONTROSS, VA 22520		
NAME:	TERRI GRUNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 1010		
CITY/ST/ZIP/CO:	TAPPAHANNOCK, VA 22560		
NAME:	JACKIE CLAYTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	NORTHUMBERLAND SOCIAL SERVICES		
CITY/ST/ZIP/CO:	POB 399 HEATHSVILLE, VA 22473		
NAME:	BONITA SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 756		
CITY/ST/ZIP/CO:	TAPPAHANNOCK, VA 22560		
NAME:	EDNA DAVENPORT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 185		
CITY/ST/ZIP/CO:	LANCASTER, VA 22503		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SOPHRONIA B. SMITH DIRECTOR 2172 NORTHUMBERLAND HWGY LOTTSBURG,, VA 22511	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLAUDETTE HENDERSON DIRECTOR P.O. BOX 35 WARSAW, VA 22572	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TONYA CHRISTIAN DIRECTOR P.O. BOX 1004 TAPPAHANNOCK, VA 22560	<input 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/ HELEN WILKINS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HELEN WILKINS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/27/2013 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.			