

1.) CORPORATION NAME: THE ALBERT FOUNDATION	DUE DATE: 6/30/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: KATHY READER 6601 THACKWELL WAY B ALEXANDRIA, VA	SCC ID NO: 04117347
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALEXANDRIA CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: BONNYE MANFREDI
155 SUMMIT VIEW LANE

CITY/ST/ZIP: WICKFORD, RI 02852

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: BONNYE MANFREDI	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 155 SUMMIT VIEW LANE				
CITY/ST/ZIP/CO: WICKFORD, RI 02852				

NAME: MAPES STAMM	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: D				
ADDRESS: 85 PLEASANT ST				
CITY/ST/ZIP/CO: , , FN				

NAME: Barbara Grant	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: reg. agent				
ADDRESS: 12314 Marcrina Ct.				
CITY/ST/ZIP/CO: woodbridge, VA 22192				

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/ BONNYE MANFREDI	BONNYE MANFREDI, PRESIDENT	7/5/2013
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.