

1.) CORPORATION NAME:

**BANGLADESH CENTER FOR COMMUNITY DEVELOPMENT,
INC.**

DUE DATE: **1/31/2014**

SCC ID NO: **04588380**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MOHAMMAD S ALAM
4034 S 7TH ST
ARLINGTON, VA**

5.) STOCK INFORMATION

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

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4034 7th St South

CITY/ST/ZIP: ARLINGTON, VA 22204

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:	SHAMIM CHOWDHURY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1714 VEIRS MILL ROAD		
CITY/ST/ZIP/CO:	ROCKVILLE, MD 20851		

NAME:	TASLIM HASAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	16348 ADINEASURE CIRCLE		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22191		

NAME:	SONJOY BARUA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	513 ARMSTEAD ST APT 202		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22312		

NAME:	DASTAGIR JAHANGIR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ALINGTON		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22204		

NAME:	AMINUL H CHOWDHURY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	8041 JULIET LN APT 201		
CITY/ST/ZIP/CO:	MANASSAS, VA 20109		

NAME:	DIPAK BARUA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	5611 7TH RD S		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22204		

NAME: PRANAB BARUA TITLE: DIRECTOR ADDRESS: 2616 S 27TH RD CITY/ST/ZIP/CO: ARLINGTON, VA 22206	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JASHIM U AHMED TITLE: DIRECTOR ADDRESS: 5505 SEMINARY RD CITY/ST/ZIP/CO: FALLS CHURCH, VA 22041	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MOHAMMAD ABDIN TITLE: DIRECTOR ADDRESS: 8191 SINGLE LEAF LN CITY/ST/ZIP/CO: LORTON, VA 22079	<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/ SHAMIM CHOWDHURY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHAMIM CHOWDHURY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/29/2014 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.		