

1.) CORPORATION NAME:

DUE DATE: **6/30/2014**

Orchard House, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **05044201**

**PHYLLIS C KATZ
1111 EAST MAIN STREET
SUITE 2400**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ORCHARD HOUSE SCHOOL
500 N. ALLEN AVENUE

CITY/ST/ZIP: RICHMOND, VA 23220

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:	BENITA FELMUS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3701 BARRINGTON BRIDGE PLACE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23233		

NAME:	JAN STARNES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7612 HILL DRIVE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23225		

NAME:	DEBBIE EDMUNDS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3800 INDIGO RUN DRIVE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23233		

NAME:	NANCY DAVIES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	HEAD OF SCHOOL		
ADDRESS:	8456 W BON VIEW DRIVE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23235		

NAME:	MEREDITH BERGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 N. PARHAM RD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23229		

NAME:	CAROLE CONNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1800 MONUMENT AVENUE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23220		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE CUMMING DIRECTOR 511 N MEADOW ST RICHMOND, VA 23220	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARSHA FELDSTEIN DIRECTOR 3146 FLOYD AVENUE RICHMOND, VA 23221	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAN GECKER DIRECTOR 8137 WHITTINGTON DR RICHMOND, VA 23235	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM HAYES DIRECTOR 1258 ROTHESAY CIRCLE RICHMOND, VA 23221	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIETTE LANDPHAIR DIRECTOR 3216 PARK AVENUE RICHMOND, VA 23221	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD MOORE DIRECTOR 8015 SPOTTSWOOD ROAD RICHMOND, VA 23229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANDY MORSE DIRECTOR 8154 HILLIS WAY MECHANICSVILLE, VA 23111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JESSICA SAMET DIRECTOR 3214 NOBLE AVE RICHMOND, VA 23222	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANITA MARTIN SECRETARY 10105 CHESTNUT GROVE TERRACE MECHANICSVILLE, VA 23116	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN TRAVIS DIRECTOR 1117 N. 24TH STREET RICHMOND, VA 23224	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBIN ZINSSER DIRECTOR 4 E GLENBROOK CIRCLE Richmond, VA 23229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHARON BRAGER DIRECTOR 8425 SLEEPY DUCK PLACE HENRICO, VA 23229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	COURTNEY DAUER DIRECTOR 1514 WEST AVENUE RICHMOND, VA 23220	<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/ NANCY DAVIES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NANCY DAVIES, HEAD OF SCHOOL PRINTED NAME AND CORPORATE TITLE	6/11/2014 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.