

1.) CORPORATION NAME: **JONAS WORKS, INC.** DUE DATE: **3/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **JONAS A IVASauskas  
118 PRIMROSE DR  
BLACKSBURG, VA** SCC ID NO: **05169834**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**MONTGOMERY COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 118 PRIMROSE DRIVE  
CITY/ST/ZIP: BLACKSBURG, VA 24060

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:	EILEEN Y IVASauskas	
TITLE:	PRESIDENT	
ADDRESS:	118 PRIMROSE DRIVE	
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JONAS A IVASauskas	
TITLE:	VICE PRESIDENT	
ADDRESS:	118 PRIMROSE DRIVE	
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BRIAN D IVASauskas	
TITLE:	TREASURER	
ADDRESS:	118 PRIMROSE DR	
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TOMAS J IVASauskas	
TITLE:	SECRETARY	
ADDRESS:	118 PRIMROSE DR	
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060	

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/ EILEEN Y IVASauskas	EILEEN Y IVASauskas,	3/27/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.