

1.) CORPORATION NAME: The Quarries Association	DUE DATE: 2/28/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SALVATORE L GIORDANO JR 6111 FIREFLY COURT SCHUYLER, VA	SCC ID NO: 05352216
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALBEMARLE COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: PO BOX 75 CITY/ST/ZIP: SCHUYLER, VA 22969	
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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: SALVATORE GIORDANO TITLE: PRESIDENT ADDRESS: 611 FIREFLY COURT CITY/ST/ZIP/CO: SCHUYLER, VA 22969	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: SUSAN BERRY TITLE: VICE PRESIDENT ADDRESS: 4808 29TH STREET CITY/ST/ZIP/CO: #A1 ARLINGTON, VA 22206	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ELIZABETH JOHNSON TITLE: TREASURER ADDRESS: 5377 HAVENWOOD LANE CITY/ST/ZIP/CO: SCHUYLER, VA 22969	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: SUZANNE RUSSEL TITLE: SECRETARY ADDRESS: 5281 HAVENWOOD LANE CITY/ST/ZIP/CO: SCHUYLER, VA 22969	<input checked="" type="checkbox"/>	OFFICER	<input 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/ SALVATORE GIORDANO	SALVATORE GIORDANO, PRESIDENT	1/14/2015
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.