

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214505389

1.) CORPORATION NAME:

Rhodesian Ridgeback Rescue, Inc.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**UNITED CORPORATE SERVICES INC
7705 YOLANDA ROAD
RICHMOND, VA**

SCC ID NO: **05368469**

5.) STOCK INFORMATION

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

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O Elizabeth Goodman
P O Box 4141

CITY/ST/ZIP: Leesburg, VA 20177

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:	CHERYL FRASER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	100 PLEASANT ST		
CITY/ST/ZIP/CO:	NORTHBOROUGH, MA 01532		

NAME:	DAVID KANOUSE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	N6058 US HIGHWAY 45		
CITY/ST/ZIP/CO:	NEW LONDON, WI 54961		

NAME:	ELIZABETH W GOODMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 2438		
CITY/ST/ZIP/CO:	LEESBURG, VA 20177		

NAME:	ELISE LEWIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6526 HARRISON PIKE		
CITY/ST/ZIP/CO:	CHATTANOOGA, TN 37416		

NAME:	LORRAINE PEDERSEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	10626 25TH PL, NE		
CITY/ST/ZIP/CO:	LAKE STEVENS, WA 98258		

NAME:	CAROLE BRADLEY-KENNEDY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4 TIMBERRUN CRT, RR 2		
CITY/ST/ZIP/CO:	, , FN		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICOLINA DEVITO DIRECTOR 2495 CLUB WALK TRACE ALPHARETTA, GA 30022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEANNA FULLER DIRECTOR 117 S YALE ST VERMILLION, SD 57069	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN GAMBLE DIRECTOR 9523 RIVER RD WARRIOR, AL 35180	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROSS JONES DIRECTOR 2008 DOROTHY ST NE ALBUQUERQUE, NM 87112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHYLLIS SCALF DIRECTOR PO BOX 20645 MESA, AZ 85277	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICOLE J TATE DIRECTOR 104 WILD TURKEY RD BLYTHEWOOD, SC 29016	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS WOLF DIRECTOR 6097 69TH AVE RIDGWOOD, NY 11385	<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/ ELIZABETH W GOODMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ELIZABETH W GOODMAN, TREASURER PRINTED NAME AND CORPORATE TITLE	1/25/2014 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.			