

1.) CORPORATION NAME:

Richmond Outreach Center, Inc.

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**STEPHEN C LEWIS
9025 FOREST HILL AVE
FIRST FLOOR**

SCC ID NO: **05491188**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA 23235

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 6415

CITY/ST/ZIP: RICHMOND, VA 23230

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:	GERONIMO AGUILAR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5617 ST JAMES COURT		
CITY/ST/ZIP/CO:	RICHMOND, VA 23225		

NAME:	TIMOTHY MOYER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3000 CHAMBERLAYNE AVENUE		
CITY/ST/ZIP/CO:	MECHANICSVILLE, VA 23116		

NAME:	MELISSA DIXON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	10003 BUSH LANE		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		

NAME:	MICHAEL DIXON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10003 BUSH LANE		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		

NAME:	FERNANDO KITTRELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5502 INDIGO ROAD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		

NAME:	JASON HELMLINGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5501 MIDLOTHIAN TPKE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23225		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM CROXTON, JR DIRECTOR 5501 MIDLOTHIAN TPKE RICHMOND, VA 23225	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID LYNN DIRECTOR 5501 MIDLOTHIAN TPKE RICHMOND, VA 23225	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW DELGADO DIRECTOR 5501 MIDLOTHIAN TPKE RICHMOND, VA 23225	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ZACHARY RYDER DIRECTOR 5501 MIDLOTHIAN TPKE RICHMOND, VA 23225	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF SEARS DIRECTOR 5501 MIDLOTHIAN TPKE RICHMOND, VA 23225	<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/ GERONIMO AGUILAR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GERONIMO AGUILAR, PRESIDENT PRINTED NAME AND CORPORATE TITLE	12/5/2012 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.			