

1.) CORPORATION NAME:

The Arc of the New River Valley

DUE DATE: **4/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MAC MCARTHUR-FOX
2155 CRAIG CREEK RD.
BLACKSBURG, VA**

SCC ID NO: **05568076**

5.) STOCK INFORMATION

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

MONTGOMERY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1417 HIGHLAND CIRCLE

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.

NAME:	CHRIS BURTON CADWALLADER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1417 HIGHLAND CIRCLE SE		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060		
NAME:	FRANK GWAZDAUSKAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	805 SUMMIT DR.		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060		
NAME:	LESLIE MCARTHUR-FOX	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2155 CRAIG CREEK RD		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060		
NAME:	BALEY ALPHIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2512 MANCHESTER ST		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060		
NAME:	CHARLES FOX	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2155 CRAIG CREEK ROAD		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060		
NAME:	JUDY GWAZDAUSKAS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	805 SUMMIT DRIVE		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060		

NAME: SONYAN JONES TITLE: DIRECTOR ADDRESS: 125 WINDRUSH LN CITY/ST/ZIP/CO: NEWPORT, VA 24128	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RUTH MCLACHLAN TITLE: DIRECTOR ADDRESS: 1542 PUTTER LN CITY/ST/ZIP/CO: CHRISTIANSBURG, VA 24073	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT METZ TITLE: DIRECTOR ADDRESS: 1316 GRISSOM LN CITY/ST/ZIP/CO: BLACKSBURG, VA 24060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PHYLLIS RETTIG TITLE: DIRECTOR ADDRESS: 302 WOODBINE DR. CITY/ST/ZIP/CO: BLACKSBURG, VA 24060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JUDY ROWE TITLE: DIRECTOR ADDRESS: 980 CARDINAL DR CITY/ST/ZIP/CO: BLACKSBURG, VA 24060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHES WALLACE TITLE: DIRECTOR ADDRESS: 3336 MCEVER RD. CITY/ST/ZIP/CO: BLACKSBURG, VA 24060	<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/ CHRIS BURTON CADWALLADER	CHRIS BURTON CADWALLADER, PRESIDENT	4/1/2015 DATE
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	
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.		