

1.) CORPORATION NAME:

NEIGHBORHOOD RESOURCE CENTER, INC.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ANGIE CAREY
1519 WILLIAMSBURG ROAD
RICHMOND, VA**

SCC ID NO: **05743398**

5.) STOCK INFORMATION

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

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1519 WILLIAMSBURG RD

CITY/ST/ZIP: RICHMOND, VA 23231

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:	GRACE SPARKS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1503 NELSON STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23231		
NAME:	CARRIE M. LEWIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1420 NATIONAL ST		
CITY/ST/ZIP/CO:	RICHMOND, VA 23231		
NAME:	CHERYL M GROCE-WRIGHT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1519 Williamsburg Road		
CITY/ST/ZIP/CO:	Richmond, VA 23231		
NAME:	ANNETTE COUSINS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1414 BANBRIDGE ST		
CITY/ST/ZIP/CO:	RICHMOND, VA 23224		
NAME:	MARTHA UZEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1604 Midview Road		
CITY/ST/ZIP/CO:	HENRICO , VA 23231		
NAME:	VALERIE BURWELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1000 GARBER ST		
CITY/ST/ZIP/CO:	RICHMOND, VA 23231		

NAME: JOYCE MONROE TITLE: DIRECTOR ADDRESS: 4400 SILVERFOX LANE CITY/ST/ZIP/CO: RICHMOND, VA 23223	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES SKELLY TITLE: DIRECTOR ADDRESS: 3500 E MARSHALL ST CITY/ST/ZIP/CO: RICHMOND, VA 23223	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARBARA DUNN TITLE: DIRECTOR ADDRESS: 4001 TRAYLOR DR CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CATHERINE FAULKNER TITLE: DIRECTOR ADDRESS: 2202 NEWMAN RD CITY/ST/ZIP/CO: RICHMOND, VA 23231	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAMELA MARKIE TITLE: DIRECTOR ADDRESS: 1716 NATIONAL ST CITY/ST/ZIP/CO: RICHMOND, VA 23231	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: REGINALD MEBANE TITLE: DIRECTOR ADDRESS: 1724 NATIONAL ST CITY/ST/ZIP/CO: RICHMOND, VA 23231	<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/ CHERYL M GROCE-WRIGHT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHERYL M GROCE-WRIGHT, DIRECTOR PRINTED NAME AND CORPORATE TITLE	6/3/2013 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.		