

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214516850

1.) CORPORATION NAME:

NARAL Pro-Choice Virginia Foundation Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**TARINA KEENE
11 FT. WILLIAMS PKWY
ALEXANDRIA, VA**

SCC ID NO: **06135297**

5.) STOCK INFORMATION

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

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: BOX 1204

CITY/ST/ZIP: ALEXANDRIA, VA 22313

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:	SHALIA REDDY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	42763 HOLLOWIND CT.		
CITY/ST/ZIP/CO:	ASHBURN, VA 20148-3615		

NAME:	BARBARA BURGESS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	BOARD CHAIR		
ADDRESS:	6063 LAWLERS ROAD		
CITY/ST/ZIP/CO:	MARSHALL, VA 20115		

NAME:	TARINA KEENE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC DIRECTOR		
ADDRESS:	11 FT WILLIAMS PKWY		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22304		

NAME:	LIZ MILLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	22947 OAKGROVE ROAD		
CITY/ST/ZIP/CO:	STERLING, VA 20166		

NAME:	MICHELLE KINSEY BRUNS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	613 N WEST ST.		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-2102		

NAME:	ROSEMARIE PELLITIER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	313 WINGATE PLACE SW		
CITY/ST/ZIP/CO:	LEESBURG, VA 20175-2533		

NAME:	STEPHANIE RAGUSKY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	26064 NIMBLETON SQ.		
CITY/ST/ZIP/CO:	SOUTH RIDING, VA 20152		

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/ TARINA KEENE	TARINA KEENE, EXEC DIRECTOR	3/30/2014
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.