

1.) CORPORATION NAME:

**St. Charles Borromeo Philippine Medical Mission, Inc.**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PEGGY CARRINGTON  
2914 ADAMS PL  
FALLS CHURCH, VA**

SCC ID NO: **06300313**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3304 N WASHINGTON BLVD

CITY/ST/ZIP: ARLINGTON, VA 22201

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:	PEGGY CARRINGTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	T/BOARD MEMBER		
ADDRESS:	2914 ADAMS PLACE		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042		
NAME:	MARICEL BRETAULT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7246 EVANS MILL ROAD		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		
NAME:	REV GERARD CREEDON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3304 N WASHINGTON BLVD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		
NAME:	PAM MICHALEGKO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2310 N 14TH ST #107		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		
NAME:	EMETERIO G ROA, III, ESQ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	201 SOUTH IRVING STREET		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22204		
NAME:	MIGUELA GUTIERREZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3830 NORTH 9TH STREET PH6W		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME: ALICE LIEBERMANN TITLE: DIRECTOR ADDRESS: 7119 GORDONS ROAD CITY/ST/ZIP/CO: FALLS CHURCH, VA 22043	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JULIET TEODOSIO TITLE: DIRECTOR ADDRESS: 1029 N. STUART ST, #301 CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: VANESSA LAGERA TITLE: PRESIDENT ADDRESS: 6010 MADISON OVERLOOK CT CITY/ST/ZIP/CO: FALLS CHURCH, VA 22041	<input checked="" 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/ PEGGY CARRINGTON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PEGGY CARRINGTON, T/BOARD MEMBER PRINTED NAME AND CORPORATE TITLE	11/27/2013 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.				