

1.) CORPORATION NAME:

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

**ART ON WHEELS, NFP**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **06734040**

**ANDREA L. ORLOSKY  
3108-B WEST LEIGH STREET  
RICHMOND, VA**

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: 3108-B WEST LEIGH STREET

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: JULIA HENDERSON TITLE: PRESIDENT ADDRESS: 2262 HIGH BUSH CIRCLE CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GREG BRITTINGHAM TITLE: VICE PRESIDENT ADDRESS: 12100 GLEN KILCHURN DRIVE CITY/ST/ZIP/CO: CHESTERFIELD, VA 23838	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT SAUR TITLE: TREASURER ADDRESS: 10701 TIMBER PASS CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAWN CAMPBELL TITLE: SECRETARY ADDRESS: 180 NORTH SPRUCE AVENUE CITY/ST/ZIP/CO: HIGHLAND SPRINGS, VA 23075	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANDREA ORLOSKY TITLE: DIRECTOR ADDRESS: 1911 WEST LABURNUM AVENUE CITY/ST/ZIP/CO: RICHMOND, VA 23227	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Casey Dokoupil TITLE: DIRECTOR ADDRESS: 6029 Glenway Drive CITY/ST/ZIP/CO: Richmond, VA 23225	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Kevin Clay TITLE: DIRECTOR ADDRESS: 30 South Davis Avenue #2 CITY/ST/ZIP/CO: Richmond, VA 23220	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Linda Tiller TITLE: DIRECTOR ADDRESS: 4100 Gloucestershire Street CITY/ST/ZIP/CO: Richmond, VA 23236	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Missy Douglas TITLE: DIRECTOR ADDRESS: 6213 West Franklin Street CITY/ST/ZIP/CO: Richmond, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ryan Corrigan TITLE: DIRECTOR ADDRESS: 2206 Brookwood Road CITY/ST/ZIP/CO: Richmond, VA 23235	<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/ ANDREA ORLOSKY	ANDREA ORLOSKY, DIRECTOR	3/24/2014
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.		