

1.) CORPORATION NAME:

Peaceful Families Project, Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SALMA ABUGIDEIRI
PEACEFUL FAMILIES PROJECT
585 GROVE ST, #203**

SCC ID NO: **06910210**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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HERNDON, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 585 GROVE ST
SUITE 203

CITY/ST/ZIP: HERNDON, VA 20170

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:	MONA Z MALIK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	585 GROVE ST		
	SUITE 203		
CITY/ST/ZIP/CO:	HERNDON, VA 20170		

NAME:	AMAL KILLAWI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	585 GROVE ST		
	SUITE 203		
CITY/ST/ZIP/CO:	HERNDON, VA 20170		

NAME:	SHARON O'BRIEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	585 GROVE ST		
	SUITE 203		
CITY/ST/ZIP/CO:	HERNDON, VA 20170		

NAME:	SALMA ABUGIDEIRI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	46164 CHESTER TERR		
CITY/ST/ZIP/CO:	STERLING, VA 20165		

NAME:	SAMAR KAUKAB AHMAD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	585 GROVE ST		
	SUITE 203		
CITY/ST/ZIP/CO:	HERNDON, VA 20170		

NAME: MAHA ALKHATEEB TITLE: DIRECTOR ADDRESS: 18511 PERDIDO BAY TERRACE CITY/ST/ZIP/CO: LEESBURG, VA 20176	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Saira Sufi TITLE: DIRECTOR ADDRESS: 585 Grove Street CITY/ST/ZIP/CO: Suite 203 Herndon, VA 20170	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Saba Ghori TITLE: DIRECTOR ADDRESS: 585 Grove Street CITY/ST/ZIP/CO: Suite 203 Herndon, VA 20170	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Fahad Rahman TITLE: VICE PRESIDENT ADDRESS: 585 Grove Street CITY/ST/ZIP/CO: Suite 203 Herndon, VA 20170	<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/ Saira Sufi	Saira Sufi, DIRECTOR	4/17/2013
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.		