

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213534616

1.) CORPORATION NAME:

The Block Foundation

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ARTHUR DANIEL BLOCK
13 BUFORD ROAD
WILLIAMSBURG, VA**

SCC ID NO: **07099864**

5.) STOCK INFORMATION

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

JAMES CITY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13 BUFORD ROAD

CITY/ST/ZIP: WILLIAMSBURG, VA 23188

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:	AUSTIN LLOYD BLOCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	711 VILLAGE GREEN PKWY		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23602		

NAME:	EMILY BLOCK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	126 MARVIN DRIVE		
CITY/ST/ZIP/CO:	HAMPTON, VA 23666		

NAME:	ARTHUR DANIEL BLOCK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	13 BUFORD ROAD		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		

NAME:	AARON MICHAEL BLOCK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	126 MARVIN DRIVE		
CITY/ST/ZIP/CO:	HAMPTON, VA 23666		

NAME:	MONICA JEAN BLOCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1722 SEATON STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC, VA 20009		

NAME:	PATRICIA JEAN BLOCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	102 KAY CIRCLE		
CITY/ST/ZIP/CO:	YORKTOWN, VA 23693		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARTHUR WAYNE BLOCK DIRECTOR 102 KAY CIRCLE YORKTOWN, VA 23693	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEAH JOY BLOCK DIRECTOR 711 VILLAGE GREEN PKWY NEWPORT NEWS, VA 23602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ EMILY BLOCK	EMILY BLOCK, TREASURER	7/25/2013
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.