

SCC eFile	2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	216516107
1.) CORPORATION NAME: Virginia Autism Project		DUE DATE: 6/30/2016
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JODI M FOLTA 21552 ARORA HEIGHTS DR BROADLANDS, VA		SCC ID NO: 07109192
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA		
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8100 Backlash Ct CITY/ST/ZIP: Springfield, VA 22153		
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: TERESA CHAMPION	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: PRESIDENT		
ADDRESS: 8100 BACK LASH CT		
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22153		
NAME: JODI M FOLTA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: TREASURER		
ADDRESS: 21552 ARORA HEIGHTS DRIVE		
CITY/ST/ZIP/CO: BROADLANDS, VA 20148		
NAME: LAVADA GUTHRIE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR		
ADDRESS: 916 BLUEWATER DRIVE		
CITY/ST/ZIP/CO: MONETA, VA 24121		
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/ JODI M FOLTA	JODI M FOLTA, TREASURER	4/28/2016
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.		