

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214555043

1.) CORPORATION NAME:

**ANR, INC.**

DUE DATE: **11/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ABDELHAFID GHARSA  
7205 LOCKPORT PL  
SUITE F**

SCC ID NO: **07157266**

**LORTON, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7205 LOCKPORT PLACE  
SUITE F

CITY/ST/ZIP: LORTON, VA 22079

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:	ABDELHAFID GHARSA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6365 BERYL RD SUITE 203		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22312		

NAME:	FATEH AZZOUZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6166 LEESBURG PIKE #D509		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22044		

NAME:	ABDERAHMANE TAGUEMOUNT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6166 LEESBURG PIKE #C212		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22044		

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.

<u>/s/ ABDELHAFID GHARSA</u>	<u>ABDELHAFID GHARSA,</u>	<u>1/5/2015</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIRECTOR 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.