

1.) CORPORATION NAME:

GROW, LEARN & THRIVE

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GWENDOLYN M SADOWSKI
7017 CATBIRD LANE
PO BOX 191**

SCC ID NO: **07336084**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ORLEAN, VA 20128

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAUQUIER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7017 CATBIRD LANE
PO BOX 191

CITY/ST/ZIP: ORLEAN, VA 20128

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:	KELLY HEINZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6923 EMMA CT.		
CITY/ST/ZIP/CO:	WARRENTON, VA 20187		

NAME:	GWEN M. SADOWSKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC DIRECTOR		
ADDRESS:	7017 CATBIRD LANE		
CITY/ST/ZIP/CO:	MARSHALL, VA 20115		

NAME:	LAURIE A. BARNETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10977 SOUTHCOATE VILLAGE DRIVE		
CITY/ST/ZIP/CO:	BEALETON, VA 22712		

NAME:	JULIE C. COPELAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7782 KINGS HAVEN DR.		
CITY/ST/ZIP/CO:	MARSHALL, VA 20115		

NAME:	MARY FRANCONI, EDD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9280 OLD BONHOMME RD		
CITY/ST/ZIP/CO:	ST. LOUIS, MD 63132		

NAME:	BRIAN GRANVALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6934 EMMA CT.		
CITY/ST/ZIP/CO:	WARRENTON, VA 20187		

NAME: ERIN JAKUM TITLE: DIRECTOR ADDRESS: 7341 YOUNTVILLE DRIVE #404 CITY/ST/ZIP/CO: GAINESVILLE, VA 20155	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ED MOORE TITLE: DIRECTOR ADDRESS: 5133 DUMFRIES ROAD CITY/ST/ZIP/CO: WARRENTON, VA 20187	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KELLY PARRISH TITLE: DIRECTOR ADDRESS: 6323 REDWINGED BLACKBIRD DR. CITY/ST/ZIP/CO: WARRENTON, VA 20187	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ADRIENNE STONE TITLE: DIRECTOR ADDRESS: 739 BLACK SWEEP RD CITY/ST/ZIP/CO: WARRENTON, VA 20186	<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/ GWEN M. SADOWSKI _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GWEN M. SADOWSKI, EXEC DIRECTOR _____ PRINTED NAME AND CORPORATE TITLE
2/27/2013 _____ 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.	