

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

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| CLASS | AUTHORIZED |
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ORLEAN, VA

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.

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|-----------------|---------------------|---|--|
| 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 | | |

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|-----------------|--------------------|---|--|
| 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 | | |

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|-----------------|--------------------------------|----------------------------------|--|
| 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 | | |

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|-----------------|----------------------|----------------------------------|--|
| 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 | | |

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|-----------------|----------------------------|----------------------------------|--|
| NAME: | ERIN JAKUM | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 7341 YOUNTVILLE DRIVE #404 | | |
| CITY/ST/ZIP/CO: | GAINESVILLE, VA 20155 | | |

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|--|--|
| 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: LINDA HAMMELMAN TITLE: DIRECTOR ADDRESS: 5363 Hillside Drive CITY/ST/ZIP/CO: Warrenton, VA 20187 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JENNIFER DAVIS TITLE: DIRECTOR ADDRESS: PO Box 191 CITY/ST/ZIP/CO: Orlean, VA 20128 | <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 |
| 6/7/2013 _____ 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. | |