

1.) CORPORATION NAME:

DUE DATE: **3/31/2016**

Field to Table, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **07348642**

**THEODORE M. STUMP
1616 PATRICK HENRY DRIVE
ARLINGTON, VA**

5.) STOCK INFORMATION

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

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 5948

CITY/ST/ZIP: ARLINGTON, VA 22205-0948

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:	NICHOLAS ACHESAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2311 N. POCOMOKE ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22205		
NAME:	THEODORE STUMP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	1616 PATRICK HENRY DRIVE		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22205		
NAME:	ROB SWENNES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	6101 N. 22ND STREET		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22205		
NAME:	MELISSA BEENE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4838 28TH STREET S. #B1		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22206		
NAME:	LISA DICONSIGLIO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2414 N. NOTTINGHAM ST		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		
NAME:	LANE ERWIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3456 B SOUTH UTAH STREET		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22206		

NAME: JOSH KAPLOWITZ TITLE: DIRECTOR ADDRESS: 618 N. 24TH STREET CITY/ST/ZIP/CO: ARLINGTON, VA 22205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ROBERT ORTTUNG TITLE: DIRECTOR ADDRESS: 1514 N. LONGFELLOW STREET CITY/ST/ZIP/CO: ARLINGTON, VA 22205	<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/ THEODORE STUMP SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THEODORE STUMP, VICE CHAIRMAN PRINTED NAME AND CORPORATE TITLE	5/31/2016 DATE
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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.