

1.) CORPORATION NAME:

**Kelley Cares Foundation**

DUE DATE: **11/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LINDSEY SWANSON  
203 E LURAY AVE  
ALEXANDRIA, VA**

SCC ID NO: **07441314**

5.) STOCK INFORMATION

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

**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 203 E. LURAY AVE.

CITY/ST/ZIP: ALEXANDRIA, VA 22301

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:	LINDSEY SWANSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	203 E LURAY AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22301		
NAME:	STEPHEN BARRETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	35636 WILLIAMSVILLE ROAD		
CITY/ST/ZIP/CO:	SELBYVILLE, DE 19975		
NAME:	TERRY BURCHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	203 E LURAY AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22301		
NAME:	DAVID CORDELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2407 CREST STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22302		
NAME:	PATRICIA MILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	404 LAVERNE AVENUE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		
NAME:	KATE MORAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	312 ASHBY STREET, UNIT D		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACKIE PERSON DIRECTOR 1108 JEFFERSON STREET ALEXANDRIA, VA 22314	<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/ LINDSEY SWANSON	LINDSEY SWANSON, DIRECTOR	10/5/2015	
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.			