

1.) CORPORATION NAME:

The Fauquier Community Food Bank and ThriftStore, Inc.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JANICE MARIE MCNULTY
249 E SHIRLEY AVE
WARRENTON, VA**

SCC ID NO: **07484165**

5.) STOCK INFORMATION

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

FAUQUIER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 249 EAST SHIRLEY AVENUE

CITY/ST/ZIP: WARRENTON, VA 20186

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: THOMAS P BACCEI TITLE: PRESIDENT ADDRESS: 6465 LANCASTER DR CITY/ST/ZIP/CO: WARRENTON, VA 20187	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: VIRGINIA HILLEARY TITLE: TREASURER ADDRESS: 320 HOSPITAL DRIVE CITY/ST/ZIP/CO: WARRENTON, VA 20186	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CATHERINE J BOYCE TITLE: DIRECTOR ADDRESS: 9903 COBBLESTONE DR CITY/ST/ZIP/CO: WARRENTON, VA 20186	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: POWELL DUGGAN TITLE: DIRECTOR ADDRESS: CARTER HALL CITY/ST/ZIP/CO: 31 WINCHESTER ST. WARRENTON, VA 20186	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANTHONY HOOPER TITLE: DIRECTOR ADDRESS: 87 DENISON ST CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22406	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BETTIE KENNY TITLE: VICE PRESIDENT ADDRESS: 24 PELHAM ST CITY/ST/ZIP/CO: WARRENTON, VA 20186	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANICE MCNULTY SECRETARY 12342 OLD MILL RD MIDLAND, VA 22728	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Maggie Harris DIRECTOR PO Box 112 Orlean, VA 20128	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARSHA MELKONIAN DIRECTOR 8005 Waterloo Road Warrenton, VA 20186	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN HUNSBERGER DIRECTOR PO BOX 219 BROAD RUN, VA 20198	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS TRUESDALE DIRECTOR 4601 BESSELINK WAY HAYMARKET, VA 20169	<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/ VIRGINIA HILLEARY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VIRGINIA HILLEARY, TREASURER PRINTED NAME AND CORPORATE TITLE	2/18/2014 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.			