

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215521560		
1.) CORPORATION NAME: Village Family Services, Inc.		DUE DATE: 4/30/2015		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: LAKESHA BROUSSARD 13926 HULL ST RD STE 116 MIDLOTHIAN, VA		SCC ID NO: 07642002		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY		5.) STOCK INFORMATION		
4.) STATE OR COUNTRY OF INCORPORATION: VA		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED			
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 7305 HANCOCK VILLAGE DR STE 315 CITY/ST/ZIP: CHESTERFIELD, VA 23832				
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: ANGELINIA HUGHES TITLE: PRESIDENT ADDRESS: 2304 MARTIN ST CITY/ST/ZIP/CO: HENRICO, VA 23228	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: LAKESHA BROUSSARD TITLE: DIRECTOR ADDRESS: 7305 HANCOCK VILLAGE DR CITY/ST/ZIP/CO: CHESTERFIELD, VA 23838	<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.				
<u>/s/ LAKESHA BROUSSARD</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>LAKESHA BROUSSARD, DIRECTOR</u> PRINTED NAME AND CORPORATE TITLE	<u>5/31/2015</u> 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.				