

1.) CORPORATION NAME: Stone of Help Haiti	DUE DATE: 7/31/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JEAN ABEL PIERRE 6000 STODDARD COURT APT 302 ALEXANDRIA, VA	SCC ID NO: 07671449
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALEXANDRIA CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO Box 151862

CITY/ST/ZIP: ALEXANDRIA, VA 22315

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: WILLIAM JASAN	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 6688 MIDHILL PL				
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22043				

NAME: JEAN ABEL PIERRE	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: ROUTEDEFRIRES, SABOURIN #2				
CITY/ST/ZIP/CO: , , FN				

NAME: MELISSA PIERRE	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: ROUTE DE FRERES, SABOURIN #2				
CITY/ST/ZIP/CO: , , FN				

NAME: KENNETH W STRAYER	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 1227 PLOWMAN WAY				
CITY/ST/ZIP/CO: BEL AIR, MD 21014				

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/ KENNETH W STRAYER	KENNETH W STRAYER, DIRECTOR	3/20/2016
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.