

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	213518390
1.) CORPORATION NAME: <b>THORNE CONSULTANTS, INC.</b>		DUE DATE: <b>4/30/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>JOHN P. LOMBARDI 19116 CHARTERED CREEK PLACE LEESBURG, VA</b>		SCC ID NO: <b>F1103250</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>LOUDOUN COUNTY</b>		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>MD</b>		
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 10605 CONCORD STREET SUITE 420  CITY/ST/ZIP: KENSINGTON, MD 20895		
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: ARLENE C THORNE TITLE: PRESIDENT/TREAS ADDRESS: 2805 REGINA DRIVE CITY/ST/ZIP/CO: SILVER SPRING, MD 20906	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: OAKLEIGH J THORNE TITLE: VP/SEC ADDRESS: 2805 REGINA DRIVE CITY/ST/ZIP/CO: SILVER SPRING, MD 20906	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN P LOMBARDI TITLE: DIRECTOR ADDRESS: 19116 Chartered Creek Place CITY/ST/ZIP/CO: Leesburg, VA 20176	<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/ ARLENE C THORNE</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>ARLENE C THORNE, PRESIDENT/TREAS</u> PRINTED NAME AND CORPORATE TITLE	<u>4/18/2013</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.		