

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213518973

1.) CORPORATION NAME:

**L. L. Bean, Inc.**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1422932**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**ME**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: CASCO ST

CITY/ST/ZIP: FREEPORT, ME 04033

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: CHRIS MCCORMICK  OFFICER  DIRECTOR  
TITLE: P/CEO  
ADDRESS: CASCO ST  
CITY/ST/ZIP/CO: FREEPORT, ME 04033

NAME: MARK FASOLD  OFFICER  DIRECTOR  
TITLE: TREAS/SEC/CFO  
ADDRESS: CASCO ST  
CITY/ST/ZIP/CO: FREEPORT, ME 04033

NAME: ANDREW BEAHM  OFFICER  DIRECTOR  
TITLE: ASST TREASURER  
ADDRESS: CASCO ST.  
CITY/ST/ZIP/CO: FREEPORT, ME 04033

NAME: LINDA L BEAN  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: CASCO ST  
CITY/ST/ZIP/CO: FREEPORT, ME 04033

NAME: KEVIN C CLARK  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: CASCO ST  
CITY/ST/ZIP/CO: FREEPORT, ME 04033

NAME: NATHAN J CLARK  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: CASCO ST  
CITY/ST/ZIP/CO: FREEPORT, ME 04033

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHAWN O GORMAN DIRECTOR CASCO ST FREEPORT, ME 04033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY J. GORMAN DIRECTOR CASCO ST FREEPORT, ME 04033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEON GORMAN DIRECTOR CASCO ST FREEPORT, ME 04033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM R GORMAN DIRECTOR CASCO ST FREEPORT, ME 04033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES W GORMAN, JR. DIRECTOR CASCO ST FREEPORT, ME 04033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES W GORMAN, SR DIRECTOR CASCO ST FREEPORT, ME 04033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AINSLEE A. BOROFF DIRECTOR CASCO ST FREEPORT, ME 04033	<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/ MARK FASOLD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARK FASOLD, TREAS/SEC/CFO PRINTED NAME AND CORPORATE TITLE	4/22/2013 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.			