

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213555822

1.) CORPORATION NAME:

WOODARD & CURRAN, INC.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH, LTD.
250 BROWNS HILL COURT
MIDLOTHIAN, VA**

SCC ID NO: **F1491283**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

ME

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 41 Hutchins Dr.

CITY/ST/ZIP: Portland, ME 04102

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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GUY W VAILLANCOURT		
TITLE:	PRESIDENT		
ADDRESS:	44 HUTCHINS DRIVE		
CITY/ST/ZIP/CO:	PORTLAND, ME 04102		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID W REMICK		
TITLE:	TREASURER		
ADDRESS:	44 HUTCHINS DRIVE		
CITY/ST/ZIP/CO:	PORTLAND, ME 04102		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DOUGLAS J MCKEOWN		
TITLE:	CEO/CHAIRMAN		
ADDRESS:	44 HUTCHINS DRIVE		
CITY/ST/ZIP/CO:	PORTLAND, ME 04102		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BRUCE S NICHOLSON		
TITLE:	SECRETARY		
ADDRESS:	44 HUTCHINS DRIVE		
CITY/ST/ZIP/CO:	PORTLAND, ME 04102		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID W DEDIAN		
TITLE:	DIRECTOR		
ADDRESS:	44 HUTCHINS DRIVE		
CITY/ST/ZIP/CO:	PORTLAND, ME 04102		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	R. DUFF COLLINS		
TITLE:	DIRECTOR		
ADDRESS:	980 WASHINGTON STREET		
	SUITE 325		
CITY/ST/ZIP/CO:	DEDHAM, MA 02026-6797		

NAME: MICHAEL J CURATO TITLE: DIRECTOR ADDRESS: 44 HUTCHINS DRIVE CITY/ST/ZIP/CO: PORTLAND, ME 04102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: LEROY E KENDRICKS TITLE: DIRECTOR ADDRESS: 980 WASHINGTON STREET CITY/ST/ZIP/CO: SUITE 325 DEDHAM, MA 02026	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ BRUCE S NICHOLSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRUCE S NICHOLSON, SECRETARY PRINTED NAME AND CORPORATE TITLE	11/19/2013 DATE
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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.