

1.) CORPORATION NAME:

L'Arche, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

GLEN ALLEN, VA 23060-6801

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

DUE DATE: **5/31/2012**

SCC ID NO: **F1587841**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO Box 21471

CITY/ST/ZIP: WASHINGTON, DC 20009

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: THOMAS GAUNT S J TITLE: PRESIDENT ADDRESS: 1419 35TH STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20007	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CONSTANCE BATTLE TITLE: VICE PRESIDENT ADDRESS: 10200 SORREL AVE. CITY/ST/ZIP/CO: POTOMAC, MD 20854	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FRANCOISE AUBRY-KENDALL TITLE: SECRETARY ADDRESS: 4400 BROOKSIDE DR CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: F CHAPMAN TAYLOR TITLE: TREASURER ADDRESS: 3000 K ST NW #230 CITY/ST/ZIP/CO: WASH, DC 20007	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARY KASPER TITLE: DIRECTOR ADDRESS: 1712 VEIRS MILL RD CITY/ST/ZIP/CO: ROCKVILLE, MD 20851	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kevin Belford TITLE: DIRECTOR ADDRESS: 5124 52nd St., NW CITY/ST/ZIP/CO: Washington, DC 20016	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Jerry Bentley TITLE: DIRECTOR ADDRESS: 12 W. Northern Parkway CITY/ST/ZIP/CO: Baltimore, MD 21210-2035	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Mimi Dorment TITLE: DIRECTOR ADDRESS: 5060 Overlook Road NW CITY/ST/ZIP/CO: Washington, DC 20016	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Christine Madigan TITLE: DIRECTOR ADDRESS: 3631 Everett Street, NW CITY/ST/ZIP/CO: Washington, DC 20008	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kate Nolan TITLE: DIRECTOR ADDRESS: 9007 Montgomery Avenue CITY/ST/ZIP/CO: Chevy Chase, MD 20815	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ann West TITLE: DIRECTOR ADDRESS: 7517 Honesty Way CITY/ST/ZIP/CO: Bethesda, MD 20817	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Malcolm Young TITLE: DIRECTOR ADDRESS: 3226 North 1st Street CITY/ST/ZIP/CO: Arlington, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: John Cook TITLE: DIRECTOR ADDRESS: 509 S Highland St CITY/ST/ZIP/CO: Arlington, VA 22204	<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/ John Cook	John Cook, DIRECTOR	5/16/2012
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.		