

1.) CORPORATION NAME:

DUE DATE: **5/31/2014**

**L'Arche, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1587841**

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DC**

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: CHRISTINE MADIGAN TITLE: VICE PRESIDENT ADDRESS: 3631 EVERETT STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20008	<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: CONSTANCE BATTLE TITLE: DIRECTOR ADDRESS: 10200 SORREL AVE. CITY/ST/ZIP/CO: POTOMAC, MD 20854	<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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TAYLOR BURKE DIRECTOR 2114 N ST, NW APT 41 WASHINGTON, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN COOK DIRECTOR 509 S HIGHLAND ST ARLINGTON, VA 22204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MALCOLM YOUNG DIRECTOR 3226 NORTH 1ST STREET ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kate Clinton DIRECTOR 1140 23 St, NW Apt 606 Washington, DC 20037	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Patrick Sieg TREASURER 5612 Silo Hill Court Derwood, MD 20855	<input checked="" 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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN COOK, DIRECTOR PRINTED NAME AND CORPORATE TITLE	4/11/2014 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.			