

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213526456

1.) CORPORATION NAME:

**Loomis & Lapann, Inc.**

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4001 North Ninth Street, Suite 227  
ARLINGTON, VA**

SCC ID NO: **F1755653**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 89 Saratoga Ave

CITY/ST/ZIP: SOUTH GLENS FALLS, NY 12803

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: GREGORY J JOLY  OFFICER  DIRECTOR  
TITLE: Sr Vice Preside  
ADDRESS: 89 Saratoga Ave  
CITY/ST/ZIP/CO: SOUTHGLEN FALLS, NY 12803

NAME: TERRY R GOODEMOTE  OFFICER  DIRECTOR  
TITLE: TREASURER  
ADDRESS: 89 Saratoga Avenue  
CITY/ST/ZIP/CO: SOUTH GLENS FALLS, NY 12803

NAME: DAVID S DEMARCO  OFFICER  DIRECTOR  
TITLE: COB  
ADDRESS: 89 Saratoga Avenue  
CITY/ST/ZIP/CO: SOUTH GLENS FALLS, NY 12803

NAME: DOUGLAS F WELCH  OFFICER  DIRECTOR  
TITLE: SECRETARY  
ADDRESS: 89 Saratoga Avenue  
CITY/ST/ZIP/CO: SOUTH GLENS FALLS, NY 12803

NAME: Mark E Bulmer  OFFICER  DIRECTOR  
TITLE: PRES/CEO  
ADDRESS: 89 Saratoga Avenue  
CITY/ST/ZIP/CO: SOUTH GLENS FALLS, NY 12803

NAME: Paul R McPhillips  OFFICER  DIRECTOR  
TITLE: VICE PRESIDENT  
ADDRESS: 89 Saratoga Avenue  
CITY/ST/ZIP/CO: SOUTH GLENS FALLS, NY 12803

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Neil G McPhillips VICE PRESIDENT 89 Saratoga Avenue SOUTH GLENS FALLS, NY 12803	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	--	---	-----------------------------------

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James J Goodspeed VICE PRESIDENT 89 Saratoga Avenue SOUTH GLENS FALLS, NY 12803	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	--	---	-----------------------------------

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Rick A Leonelli VP/Asst Sec 89 Saratoga Avenue SOUTH GLENS FALLS, NY 12803	<input checked="" type="checkbox"/> OFFICER	<input 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/ DOUGLAS F WELCH	DOUGLAS F WELCH, SECRETARY	6/5/2013
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.