

1.) CORPORATION NAME:

NEW RIVER HARDWOODS, INC.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1826538**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 212 RESOURCE DRIVE
P.O. BOX 2394

CITY/ST/ZIP: BECKLEY, WV 25801

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 type="checkbox"/> DIRECTOR
NAME:	MARK BABCOCK	
TITLE:	VICE PRESIDENT	
ADDRESS:	PO BOX 2394	
CITY/ST/ZIP/CO:	BECKLEY, WV 25802	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOHN DILORENZO	
TITLE:	VICE PRESIDENT	
ADDRESS:	PO BOX 2394	
CITY/ST/ZIP/CO:	BECKLEY, WV 25802	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TYLER KING	
TITLE:	VICE PRESIDENT	
ADDRESS:	PO BOX 2394	
CITY/ST/ZIP/CO:	BECKLEY, WV 25801	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID BAILEY	
TITLE:	VICE PRESIDENT	
ADDRESS:	PO BOX 2394	
CITY/ST/ZIP/CO:	BECKLEY, WV 25801	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KIMBERLY J SEATS	
TITLE:	SECRETARY	
ADDRESS:	P.O. BOX 2394	
CITY/ST/ZIP/CO:	BECKLEY, WV 25802	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LORI VAUGHN	
TITLE:	TREASURER	
ADDRESS:	PO BOX 2394	
CITY/ST/ZIP/CO:	BECKLEY, WV 25802	

NAME: R. ERIC CORNETT TITLE: DIRECTOR ADDRESS: PO BOX 2394 CITY/ST/ZIP/CO: BECKLEY, WV 25801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: J MICHAEL JARRELL TITLE: DIRECTOR ADDRESS: P.O. BOX 2394 CITY/ST/ZIP/CO: BECKLEY, WV 25802	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: C ELLIOTT TITLE: PRESIDENT ADDRESS: PO BOX 2394 CITY/ST/ZIP/CO: BECKLEY, WV 25802	<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/ LORI VAUGHN	LORI VAUGHN, TREASURER	5/29/2014
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.		