

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213505340

1.) CORPORATION NAME:

The Nonprofit Roundtable of Greater Washington, Inc.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MELISSA BONDI
2624 CLARENDON BLVD
ARLINGTON, VA 22201**

SCC ID NO: **F1852773**

5.) STOCK INFORMATION

CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1201 15TH ST., NW SUITE 420

CITY/ST/ZIP: WASHINGTON, DC 20005

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 type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	Russell Snyder				
TITLE:	CHAIRMAN				
ADDRESS:	7901 Annapolis Road				
CITY/ST/ZIP/CO:	Lanham, MD 20706				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	Kerrie Wilson				
TITLE:	VICE CHAIRMAN				
ADDRESS:	11150 Sunset Hills Road, #210				
CITY/ST/ZIP/CO:	Reston, VA 20190				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	Audrey Alvarado				
TITLE:	PRESIDENT				
ADDRESS:	1201 15TH ST. NW SUITE 420				
CITY/ST/ZIP/CO:	WASHINGTON, DC 20005				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	Richard Tagle				
TITLE:	DIRECTOR				
ADDRESS:	One Dupont Circle NW Suite 700				
CITY/ST/ZIP/CO:	Washington, DC 20036				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	Walter Smith				
TITLE:	DIRECTOR				
ADDRESS:	1111 14th St. NW Suite 510				
CITY/ST/ZIP/CO:	Washington, DC 20005				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	Amanda Andere				
TITLE:	DIRECTOR				
ADDRESS:	10640 Page Avenue Suite 300				
CITY/ST/ZIP/CO:	Fairfax, VA 22030				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sandra Aresti DIRECTOR 1201 15th Street NW Suite 420 Washington, DC 20005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Edward Grenier DIRECTOR 1050 17th Street NW Suite 750 Washington, DC 20036	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kathy Kretman DIRECTOR 3520 Prospect Street, NW Suite 400 Washington , DC 20007	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Patricia Matthews DIRECTOR 1940 Duke Street Suite 400 Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Luisa Montero-Diaz DIRECTOR 1419 Columbia Road NW Washington, DC 20009	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Margaret O'Bryon DIRECTOR 1400 16th St NW, #710 Washington, DC 20005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Thomas Raffa DIRECTOR 1899 L Street NW Suite 900 Washington, DC 20036	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Tamara Smith DIRECTOR 2302 14th Street NW Suite 100 Washington, DC 20009	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lidia Soto-Harmon DIRECTOR 4301 Connecticut Ave NW Washington, DC 20008	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Shannon Steene DIRECTOR 8305 Richmond Hwy Alexandria, VA 22309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Herbert Tillery TITLE: DIRECTOR ADDRESS: 1805 7th St NW, Suite 500 CITY/ST/ZIP/CO: Washington, DC 20003	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Chad Williams TITLE: DIRECTOR ADDRESS: 1400 Doewood Lane CITY/ST/ZIP/CO: Capitol Heights, MD 20743	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Cliff Yee TITLE: DIRECTOR ADDRESS: 1201 15th Street NW Suite 420 CITY/ST/ZIP/CO: Washington, DC 20005	<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/ Audrey Alvarado	Audrey Alvarado, PRESIDENT	1/31/2013
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.		