

2020 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 03319530
Filing Number: 2103113024026
Filing Date/Time: 03/11/2021 01:53 PM
Effective Date/Time: 03/11/2021 01:53 PM

1.	CORPORATION NAME
	HETHER-DAM CORP

DUE DATE: 12/31/20

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.

SCC ID NO.: 0331953-0

GARY W LONERGAN 115 ORONOCO ST ALEXANDRIA, VA 22314-0000

5. TOTAL NUMBER OF AUTHORIZED SHARES: 10,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE: 510-ALEXANDRIA CITY

 STATE OR COUNTRY OF INCORPORATION: VA-Virginia

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 4148 S FOUR MILE RUN DR	ADDRESS:
CITY/ST/ZIP ARLINGTON, VA 22206-0000	CITY/ST/ZIP

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.

Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement
OFFICER X DIRECTOR X	OFFICER DIRECTOR
NAME: DAVID H HETHERINGTON	NAME:
TITLE: P/S/T	TITLE:
ADDRESS: 17687 TOBERMORY PL	ADDRESS:
CITY/ST/ZIP: LEESBURG, VA 20175-0000	CITY/ST/ZIP:
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I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

DAVID Actheein (to)

PRINTED NAME AND CORPORATE TITLE

12/20/20

DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filling.

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