

**2021 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 06911036  
Filing Number: 2103223059275  
Filing Date/Time: 03/22/2021 12:14 PM  
Effective Date/Time: 03/22/2021 12:14 PM



1. CORPORATION NAME:  
THOMAS H. NICHOLSON, III, INC.

DUE DATE: **03/31/21**

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.  
ROBERT M REED  
555 E MAIN ST STE 1400  
NORFOLK, VA 23510-0000

SCC ID NO.: **0691103-6**

5. TOTAL NUMBER OF AUTHORIZED  
SHARES: **5,000**

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
710-NORFOLK CITY

4. 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:

<input checked="" type="checkbox"/> 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: 819 W LITTLE CREEK ROAD	ADDRESS:
CITY/ST/ZIP NORFOLK, VA 23505-0000	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: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: THOMAS H NICHOLSON III	NAME:
TITLE: P/S/T	TITLE:
ADDRESS: 819 W LITTLE CREEK ROAD	ADDRESS:
CITY/ST/ZIP: NORFOLK, VA 23505-0000	CITY/ST/ZIP:

0012427



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

Thomas H. Nicholson, III, President

PRINTED NAME AND CORPORATE TITLE

3/8/21

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 filing.