

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

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 01123710  
Filing Number: 2104293202405  
Filing Date/Time: 04/29/2021 01:16 PM  
Effective Date/Time: 04/29/2021 01:16 PM



1. CORPORATION NAME:  
FRANK & SHAPIRO REAL ESTATE, INCORPORATED
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR  
LEONARD D FRANK  
525 OYSTER POINT RD STE B  
NEWPORT NEWS, VA 23602-0000
3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
700-NEWPORT NEWS CITY
4. STATE OR COUNTRY OF INCORPORATION:  
VA-Virginia
5. TOTAL NUMBER OF AUTHORIZED SHARES: 50,000
- DUE DATE: 06/30/21  
SCC ID NO.: 0112371-0

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

6. PRINCIPAL OFFICE ADDRESS:

<input 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: 525 Oyster Point Rd Ste B	ADDRESS:
CITY/ST/ZIP Newport News, VA 23602-6014	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 type="checkbox"/> Information is correct <input checked="" 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 checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: LEONARD D FRANK TITLE: President ADDRESS: 104 ROFFINGHAMS WAY CITY/ST/ZIP:	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: LEONARD D FRANK TITLE: PRESIDENT ADDRESS: 104 ROFFINGHAMS WAY CITY/ST/ZIP: WILLIAMSBURG, VA 23185

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

LEONARD D. FRANK  
 PRINTED NAME AND CORPORATE TITLE

4/28/2021  
 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.

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## 2021 ANNUAL REPORT CONTINUED

CORPORATION NAME:  
FRANK & SHAPIRO REAL ESTATE, INCORPORATED

DUE DATE: **06/30/21**  
SCC ID NO.: **0112371-0**

**7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)**

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
<p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> NAME: THOMAS F DOHERTY TITLE: SEC/TREAS ADDRESS: 212 SEAN PAUL COURT CITY/ST/ZIP: NEWPORT NEWS, VA 23602-0000	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input 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
<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

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