

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

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 05729934  
Filing Number: 2106143358025  
Filing Date/Time: 06/14/2021 04:05 PM  
Effective Date/Time: 06/14/2021 04:05 PM



1. CORPORATION NAME:  
Victory Square of Portsmouth, Inc.
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR  
MILTON ROY BLOUNT  
1000 COUNTY STREET  
PORTSMOUTH, VA 23704-0000
3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
740-PORTSMOUTH CITY
4. STATE OR COUNTRY OF INCORPORATION:  
VA-Virginia

DUE DATE: **02/28/21**

SCC ID NO.: **0572993-4**

5. TOTAL NUMBER OF AUTHORIZED  
SHARES: 5,000

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: 4600 Staghorn Dr       CITY/ST/ZIP Virginia Beach, VA 23456-4824	ADDRESS:       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 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 align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> NAME: MILTON ROY BLOUNT TITLE: President ADDRESS: 4600 STAGHORN DRIVE CITY/ST/ZIP: Virginia Beach, VA 23454-0000	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

0002835



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

Milton Roy Blount  
PRINTED NAME AND CORPORATE TITLE

6/9/2021  
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.

## 2021 ANNUAL REPORT CONTINUED

CORPORATION NAME:  
Victory Square of Portsmouth, Inc.

DUE DATE: **02/28/21**  
SCC ID NO.: **0572993-4**

**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.

<p>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</p>	<p>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>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p>
<p>NAME: DENISE YOUNG TITLE: Vice President ADDRESS: 964 THOMAS CIRCLE CITY/ST/ZIP: PORTSMOUTH, VA 23701-0000</p>	<p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>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</p>	<p>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>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p>
<p>NAME: MARILYN HILL TITLE: Treasurer ADDRESS: 5 CROSBY COURT CITY/ST/ZIP: PORTSMOUTH, VA 23701-0000</p>	<p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>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</p>	<p>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>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p>
<p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>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</p>	<p>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>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p>
<p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

0002835

