

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

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 00720516
Filing Number: 2108063537967
Filing Date/Time: 08/06/2021 03:15 PM
Effective Date/Time: 08/06/2021 03:15 PM



1. CORPORATION NAME:
MEHERRIN VOLUNTEER FIRE & RESCUE, INC., ENGINE CO.
NO. 5
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
ROBERT E HAWTHORNE JR
BAKER LAW OFFICE 191 KING ST
PO BOX 269
KEYSVILLE, VA 23947-0000
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
037-CHARLOTTE COUNTY
4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia

DUE DATE: 05/31/21

SCC ID NO.: 0072051-6

5. TOTAL NUMBER OF AUTHORIZED SHARES:

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: PO BOX 94	ADDRESS:
CITY/ST/ZIP MEHERRIN, VA 23954-0000	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.

0001391



<p>Mark appropriate box unless area below is blank:</p> <p><input type="checkbox"/> Information is correct <input checked="" 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:</p> <p><input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: DAVID NORMAN TITLE: President ADDRESS: 7365 PATRICK HENRY WAY CITY/ST/ZIP: MEHERRIN ROAD, VA 23954-0000</p>	<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Leon Scott TITLE: President ADDRESS: 444 Meherrin Rd CITY/ST/ZIP: Meherrin, VA 23954</p>

I affirm that the information contained in this report is accurate and complete as of the date below.

Jessica Erin Lyfe Newman Jessica Erin Lyfe Newman 8/4/21
SIGNATURE OF DIRECTOR/OFFICER PRINTED NAME AND CORPORATE TITLE DATE
LISTED IN THIS REPORT

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:
 MEHERRIN VOLUNTEER FIRE & RESCUE, INC., ENGINE CO.
 NO. 5

DUE DATE: **05/31/21**
 SCC ID NO.: **0072051-6**

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
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: ERIN NEWMAN TITLE: Treasurer ADDRESS: 932 MEHERRIN ROAD CITY/ST/ZIP: MEHERRIN, VA 23954-0000	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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"/> NAME: TREY PYLE TITLE: CHIEF ADDRESS: 778 MEHERRIN ROAD CITY/ST/ZIP: MEHERRIN, VA 23954-0000	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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 type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: SALLEY PYLE TITLE: EMS CPTN ADDRESS: 778 MEHERRIN ROAD CITY/ST/ZIP: MEHERRIN, VA 23954-0000	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: Sally Pyle TITLE: EMS Chief ADDRESS: 778 meherrin Rd CITY/ST/ZIP: meherrin, VA 23954
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 type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: JAMES NEWMAN TITLE: CAPTAIN ADDRESS: 932 MEHERRIN ROAD CITY/ST/ZIP: MEHERRIN, VA 23954-0000	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: James Newman TITLE: Asst. Chief ADDRESS: 932 meherrin Rd CITY/ST/ZIP: Meherrin, VA 23954

0001391

