2021 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 05106844
Filing Number: 2109153663955
Filing Date/Time: 09/15/2021 10:52 AM
Effective Date/Time: 09/16/2021 10:52 AM

1.	CORPORATION	NAME:	
	Inn at Burwell Pla	ce Inc	

DUE DATE: 010/31/21

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

SCC ID NO .: 0510684-4

R NEAL KEESEE JR 1400 FIRST UNION TOWER 10 S JEFFERSON ST ROANOKE, VA 24011-0000

5. TOTAL NUMBER OF AUTHORIZED

SHARES:

5,000

- 3. CITY OR COUNTY OF VA REGISTERED OFFICE: 770-ROANOKE 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: 601 WEST MAIN ST	ADDRESS:
CITY/ST/ZIP SALEM, VA 24153-0000	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 M DIRECTOR M	OFFICER DIRECTOR
NAME: CINDI LOU MACMACKIN	NAME:
TITLE: P/S	TITLE:
ADDRESS: 601 WEST MAIN ST	ADDRESS:
CITY/ST/ZIP: SALEM, VA 24153-0000	CITY/ST/ZIP:

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 PRINTED NAME AND CORPORATE TITLE

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: Inn at Burwell Place, Inc.

DUE DATE: 010/31/21 SCC ID NO .: 0510684-4

All directors and principal officers must be listed.

DIRECTORS AND PRINCIPAL OFFICERS: (continued)	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 DIRECTOR	OFFICER DIRECTOR
NAME:	NAME:
TITLE:	TITLE:
ADDRESS:	ADDRESS:
CITY/ST/ZIP:	CITY/ST/ZIP:
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 DIRECTOR	OFFICER DIRECTOR
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CITY/ST/ZIP:	CITY/ST/ZIP:
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NAME:	NAME:
TITLE:	TITLE:
ADDRESS:	ADDRESS:
CITY/ST/ZIP:	CITY/ST/ZIP:

