

2021 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

Commonwealth of Virginia State Corporation Commission Office of the Clerk Entity ID: 00537373 Filing Number: 2109303715528 Filing Date/Time: 09/30/2021 12:34 PM Effective Date/Time: 09/30/2021 12:34 PM

١.	CORPORATION NAME:
	PINNELL'S INCORPORATED

DUE DATE: 09/30/21

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

SCC ID NO .: 0053737-3

KAREN S ELLIOTT **ECKERT SEAMANS CHERIN & MELLOTT** 919 E. MAIN ST., SUITE 1300 RICHMOND, VA 23219-0000

5. TOTAL NUMBER OF AUTHORIZED SHARES: 1,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE: 760-RICHMOND 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:

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: 300 N Ridge Rd Unit 55	ADDRESS:
CITY/ST/ZIP Henrico, VA 23229-7451	CITY/ST/ZIP

7	DIRECTORS	AND	PRINCIPAL	OFFICERS:

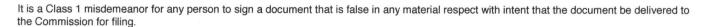
All directors and principal officers must be listed.

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 DIRECTOR	OFFICER DIRECTOR
NAME: CHARLES WELLFORD PINNELL III	NAME:
TITLE: Secretary	TITLE:
ADDRESS: 6226 DUNBANE COURT	ADDRESS:
CITY/ST/ZIP: FAYETTEVILLE, NC 28311-0000	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





2021 ANNUAL REPORT CONTINUED

CORPORATION NAME: PINNELL'S, INCORPORATED DUE DATE: 09/30/21 SCC ID NO.: 0053737-3

All directors and principal officers must be listed.

7. 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 X DIRECTOR X	OFFICER DIRECTOR
NAME: ANNE PINNELL HARPER	NAME:
TITLE: PRESIDENT/TREAS	TITLE:
ADDRESS: 300 NORTH RIDGE RD. #55	ADDRESS:
CITY/ST/ZIP: RICHMOND, VA 23229-0000	CITY/ST/ZIP:
Mark appropriate box unless area below is blank:	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:
☐ Information is correct ☐ Information is incorrect ☐ Delete information	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
	hov and enter information below:
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☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ NAME:	box and enter information below: Correction Addition Replacement OFFICER DIRECTOR NAME:
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☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ NAME: TITLE: ADDRESS:	DIRECTOR NAME: TITLE: ADDRESS:
OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank:	DIRECTOR DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:
□ Information is correct □ Information is incorrect □ Delete information OFFICER □ DIRECTOR □ NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank: □ Information is correct □ Information is incorrect □ Delete information	DIRECTOR DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement Correction Addition Replacement
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