

**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



1. CORPORATION NAME:  
PINNELL'S, INCORPORATED

DUE DATE: 09/30/21

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.  
KAREN S ELLIOTT  
ECKERT SEAMANS CHERIN & MELLOTT  
919 E. MAIN ST., SUITE 1300  
RICHMOND, VA 23219-0000

SCC ID NO.: 0053737-3

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:

<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: 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: <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
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: CHARLES WELLFORD PINNELL III	NAME:
TITLE: Secretary	TITLE:
ADDRESS: 6226 DUNBANE COURT	ADDRESS:
CITY/ST/ZIP: FAYETTEVILLE, NC 28311-0000	CITY/ST/ZIP:

0007701



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

*Anne Pinnell Harper*  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

Anne Pinnell Harper Pres, Treas, Dir  
PRINTED NAME AND CORPORATE TITLE

9/30/21  
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:  
PINNELL'S, INCORPORATED

DUE DATE: **09/30/21**  
SCC ID NO.: **0053737-3**

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

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<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: ANNE PINNELL HARPER          TITLE: PRESIDENT/TREAS          ADDRESS: 300 NORTH RIDGE RD. #55          CITY/ST/ZIP: RICHMOND, VA 23229-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>
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<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>
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<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>

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