

2021 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 08347486
Filing Number: 2110043726236
Filing Date/Time: 10/04/2021 11:16 AM
Effective Date/Time: 10/04/2021 11:16 AM



1. CORPORATION NAME:

KAWAUSA Inc

DUE DATE: 08/31/21

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

SILVIA PATTON
10970 RICE FIELD PLACE
FAIRFAX STATION, VA 22039-0000

SCC ID NO.: 0834748-6

5. TOTAL NUMBER OF AUTHORIZED
SHARES:

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

059-FAIRFAX COUNTY

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 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: 10970 Rice Field Pl | ADDRESS: |
| CITY/ST/ZIP Fairfax Station, VA 22039-1692 | 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.

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| | |
|--|---|
| 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"/> | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> |
| NAME: SILVIA PATTON | NAME: |
| TITLE: President | TITLE: |
| ADDRESS: 10970 RICE FIELD PLACE | ADDRESS: |
| CITY/ST/ZIP: FAIRFAX STATION, VA 22039-0000 | 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

Silvia Patton
PRINTED NAME AND CORPORATE TITLE

Sep 30, 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:

KAWAUSA Inc

DUE DATE: **08/31/21**

SCC ID NO.: **0834748-6**

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.
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|---|---|
| <p>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</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 style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: MIJA PERKINS TITLE: Vice President ADDRESS: 3292 WILLOW GLEN DR CITY/ST/ZIP: HERNDON, VA 20171-0000</p> | <p style="text-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 checked="" 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 style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: Veronica Anderson TITLE: Vice President ADDRESS: 6300 TOWER CIRCLE NO 381 CITY/ST/ZIP: Franklin, TN 37067-0000</p> | <p style="text-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 checked="" 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 style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: JESSICA WIOSKOWSKI TITLE: Treasurer ADDRESS: 46464 IMPERIAL LANE CITY/ST/ZIP: MACOMB, MI 48044-0000</p> | <p style="text-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 checked="" 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 style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: LILY KIM HALE TITLE: ADDRESS: 6300 SERANO WAY CITY/ST/ZIP: NAPLES, FL 34113-0000</p> | <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p> |

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