2021 ANNUAL REPORT

COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION



Commonwealth of Virginia State Corporation Commission Office of the Clerk Entity ID: 00012765 Filing Number: 2110153766852 Filing Date/Time: 10/15/2021 01:06 PM Effective Date/Time: 10/15/2021 01:06 PM

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Madison House

DUE DATE:

December 31, 2021

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO:

00012765

Officer of the Corporation

TIMOTHY ANDREW FREILICH

5. TOTAL NUMBER OF AUTHORIZED SHARES: 0

170 RUGBY ROAD CHARLOTTESVILLE, VA, 22903 - 0000, USA

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

CHARLOTTESVILLE CITY

4. STATE OR COUNTRY OF INCORPORATION:

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 a	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:	170 Rugby Rd	ADDRESS:
CITY/ST/ZIP:	Charlottesville, VA, 22903 - 2428	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.

		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:	Emily Wampler		NAME:		
TITLE:	Secretary		TITLE:		
ADDRESS:	170 Rugby Rd		ADDRESS:		
CITY/ST/ZIP:	Charlottesville, V	A 22903-2428	CITY/ST/ZIP:		

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

D- De Tim FREILIGH, TEXECUTIVE DIRECTA 10/12/2

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE TITLE

DATE

2021 ANNUAL REPORT CONTINUED

CORPORATION NAME:

DUE DATE:

December 31, 2021

Madison House

SCC ID NO:

00012765

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.

	x unless area below is blank: ect ☐ 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:	DOUG TROUT	NAME: David Ern		
TITLE:	Treasurer	TITLE: Treasurer of		
ADDRESS:	170 RUGBY RD	ADDRESS: 170 Rugby Kd		
CITY/ST/ZIP:	CHARLOTTESVILLE, VA 22903-0000	TITLE: Treasurer ADDRESS: 170 Rugby Rd CITY/ST/ZIP: Charlottesville, VA 22903		
	ex unless area below is blank: ect ☐ 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:	Gib Staunton	NAME:		
TITLE:	Co-chair	TITLE:		
ADDRESS:	170 Rugby Rd	ADDRESS:		
CITY/ST/ZIP:	Charlottesville, VA 22903-2428	CITY/ST/ZIP:		
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Mark appropriate bo	ox unless area below is blank: ect ☐ Information is incorrect ☐ Delete information ☐ OFFICER ☐ DIRECTOR	appropriate box and enter information below:		
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☐ Information is corn	Pect ☐ Information is incorrect ☐ Delete information ☐ OFFICER ☐ DIRECTOR	appropriate box and enter information below: ☐ Correction ☐ Addition ☐ Replacement ☐ OFFICER ☐ DIRECTOR		
NAME:	Pect ☐ Information is incorrect ☐ Delete information ☐ OFFICER ☐ DIRECTOR ☐ Justine Lee	appropriate box and enter information below: Correction Addition Replacement OFFICER DIRECTOR NAME:		
NAME: TITLE: ADDRESS:	Delete information ■ OFFICER ■ DIRECTOR Justine Lee Co-chair	appropriate box and enter information below: Correction Addition Replacement OFFICER DIRECTOR NAME: TITLE:		
NAME: TITLE: ADDRESS: CITY/ST/ZIP:	Delete information	appropriate box and enter information below: Correction Addition Replacement OFFICER DIRECTOR NAME: TITLE: ADDRESS:		
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