

2021 ANNUAL REPORT

COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION



1. CORPORATION NAME:

Madison House

DUE DATE: December 31, 2021

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

Officer of the Corporation

SCC ID NO: 00012765

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:

<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: 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.

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
<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: Emily Wampler	NAME:
TITLE: Secretary	TITLE:
ADDRESS: 170 Rugby Rd	ADDRESS:
CITY/ST/ZIP: Charlottesville, VA 22903-2428	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

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.

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<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR NAME: DOUG TROUT TITLE: Treasurer ADDRESS: 170 RUGBY RD CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903-0000	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR NAME: <i>David Ern</i> TITLE: <i>Treasurer</i> ADDRESS: <i>170 Rugby Rd</i> CITY/ST/ZIP: <i>Charlottesville, VA 22903</i>
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
<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR NAME: Gib Staunton TITLE: Co-chair ADDRESS: 170 Rugby Rd CITY/ST/ZIP: Charlottesville, VA 22903-2428	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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
<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR NAME: Justine Lee TITLE: Co-chair ADDRESS: 170 Rugby Rd CITY/ST/ZIP: Charlottesville, VA 22903-2428	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR NAME: Sherri Moore TITLE: Vice-Chair ADDRESS: 170 Rugby Rd CITY/ST/ZIP: Charlottesville, VA 22903-2428	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: