

**2021 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 01140425
Filing Number: 2111053841903
Filing Date/Time: 11/05/2021 12:54 PM
Effective Date/Time: 11/05/2021 12:54 PM



1. CORPORATION NAME:
TOWN & COUNTRY FINANCE COMPANY

DUE DATE: 010/31/21

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR
VICKIE D. BARKER
211 MAIN STREET
P.O. BOX 360
BROOKNEAL, VA 24528-0360

SCC ID NO.: 0114042-5

5. TOTAL NUMBER OF AUTHORIZED
SHARES: 25,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
031-CAMPBELL 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: P O BOX 360	ADDRESS:
CITY/ST/ZIP BROOKNEAL, VA 24528-0000	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 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: ROBERT A BARKER JR	NAME:
TITLE: President	TITLE:
ADDRESS: P O BOX 360	ADDRESS:
CITY/ST/ZIP: BROOKNEAL, VA 24528-0000	CITY/ST/ZIP:

0012937



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

Robert A. Barker Jr
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

Robert A. Barker Jr
PRINTED NAME AND CORPORATE TITLE

11-2-2021
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:
TOWN & COUNTRY FINANCE COMPANY

DUE DATE: 010/31/21
SCC ID NO.: 0114042-5

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: VICKIE D BARKER TITLE: SEC/TREAS ADDRESS: P. O. BOX 360 CITY/ST/ZIP: BROOKNEAL, VA 24528-0000</p>	<p>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>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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