

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

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 01242494
Filing Number: 2111183883237
Filing Date/Time: 11/18/2021 12:50 PM
Effective Date/Time: 11/18/2021 12:50 PM



1. CORPORATION NAME:
COVESWOOD, INC.
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
MATSON C TERRY II
STEAMBOAT ROAD
P.O. BOX 340
IRVINGTON, VA 22480-0000
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
103-LANCASTER COUNTY
4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia

DUE DATE: 012/31/21
SCC ID NO.: 0124249-4
5. TOTAL NUMBER OF AUTHORIZED SHARES: 500

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: 5811 HILLBURNE WAY CITY/ST/ZIP CHEVY CHASE, MD 20815-0000	ADDRESS: 241 GORDON DRIVE WEEMS, VA 22576 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 checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: VIRGINIA A SIMPSON TITLE: S/VP ADDRESS: 5811 HILLBURNE WAY CITY/ST/ZIP: CHEVY CHASE, MD 20815-0000	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: 241 Gordon Drive CITY/ST/ZIP: Weems, Va. 22576

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

Wellford L. Sanders, Jr.
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

WELLFORD L. SANDERS, JR., PRES.
PRINTED NAME AND CORPORATE TITLE

11-15-21
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:
COVESWOOD, INC.

DUE DATE: 012/31/21
SCC ID NO.: 0124249-4

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.

<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" 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 checked="" type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: EDMUND G SIMPSON TITLE: PRES/TREAS ADDRESS: 5811 HILLBURNE WAY CITY/ST/ZIP: CHEVY CHASE, MD 20815-0000</p>	<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Wellford L. Sanders, Jr. TITLE: President/Treasurer ADDRESS: 134 West Square Court CITY/ST/ZIP: Richmond, Virginia 23238</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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: EDMUND G SIMPSON JR TITLE: ADDRESS: 248 WEST 105TH STREET APT 5B CITY/ST/ZIP: NEW YORK, NY 10025-0000</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 checked="" 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 checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: MATT WALKER SIMPSON TITLE: ADDRESS: 5811 HILLBURNE WAY CITY/ST/ZIP: CHEVY CHASE, MD 20815-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: MATT WALKER SIMPSON TITLE: ADDRESS: 241 Gordon Drive CITY/ST/ZIP: Womers, Va. 22576</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>

0005734

