

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

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 00734954
Filing Number: 2111223891069
Filing Date/Time: 11/22/2021 10:02 AM
Effective Date/Time: 11/22/2021 10:02 AM



1. CORPORATION NAME:
PHILIP RICHARDSON COMPANY, INC.

DUE DATE: **012/31/21**

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
VERNON M GEDDY III
1177 JAMESTOWN RD
WILLIAMSBURG, VA 23185-0000

SCC ID NO.: **0073495-4**

5. TOTAL NUMBER OF AUTHORIZED
SHARES: 20,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
830-WILLIAMSBURG CITY (FILED I

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: 501 Prince George St Ste 306	ADDRESS:
CITY/ST/ZIP Williamsburg, VA 23185-3665	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 type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: P. Whitfield Richardson	NAME:
TITLE: President	TITLE:
ADDRESS: P O BOX 3661	ADDRESS:
CITY/ST/ZIP: WILLIAMSBURG, VA 23187-3665	CITY/ST/ZIP:

0008223



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

Philip W. Richardson, President
PRINTED NAME AND CORPORATE TITLE

11/18/21
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:
PHILIP RICHARDSON COMPANY, INC.

DUE DATE: **012/31/21**
SCC ID NO.: **0073495-4**

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: SALLY R. PORUSH TITLE: Vice President ADDRESS: 507 ALHAMBRA ROAD CITY/ST/ZIP: SAN MATEO, CA 94402-0000</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 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 type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</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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<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</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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<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</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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