

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

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 07859655
Filing Number: 2111223891316
Filing Date/Time: 11/22/2021 10:41 AM
Effective Date/Time: 11/22/2021 10:41 AM



1. CORPORATION NAME:
BUFORD'S BBQ, INC.

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

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.
BUFORD W BROWN
519 SALEM AVE
NEW CASTLE, VA 24127-0000

SCC ID NO.: **0785965-5**

5. TOTAL NUMBER OF AUTHORIZED
SHARES: 100

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
045-CRAIG 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: PO BOX 141 CITY/ST/ZIP NEW CASTLE, VA 24127-0000	ADDRESS: 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"/> NAME: BUFORD W BROWN TITLE: President ADDRESS: 519 SALEM AVE CITY/ST/ZIP: NEW CASTLE, VA 24127-0000	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

0013410



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

Buford W. Brown
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

Buford W. Brown / President
PRINTED NAME AND CORPORATE TITLE

11-16-2021
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:
 BUFORD'S BBQ, INC.

DUE DATE: **012/31/21**
 SCC ID NO.: **0785965-5**

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: TITLE: ADDRESS: CITY/ST/ZIP:	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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