

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

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 02370351
Filing Number: 2111303913732
Filing Date/Time: 11/30/2021 11:08 AM
Effective Date/Time: 11/30/2021 11:08 AM



1. CORPORATION NAME:
HOLLY GROVE VOLUNTEER RESCUE SQUAD, INC.

DUE DATE: 012/31/21

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR
SUSAN ANDERSON
155 FACTORY MILL ROAD
BUMPASS, VA 23024-0000

SCC ID NO.: 0237035-1

5. TOTAL NUMBER OF AUTHORIZED SHARES:

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
109-LOUISA 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: 155 FACTORY MILL ROAD	ADDRESS:
CITY/ST/ZIP BUMPASS, VA 23024-0000	.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 type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" 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 checked="" type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: MARK STANLEY TITLE: President ADDRESS: 199 ROBERTSON TOWN RD. CITY/ST/ZIP: BUMPASS, VA 23024-0000	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: SUSAN ANDERSON TITLE: PRESIDENT ADDRESS: 604 WEST CHAPEL DRIVE CITY/ST/ZIP: BUMPASS, VA 23024

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

CAROL W LILY BRAMBIE-TREASURER
PRINTED NAME AND CORPORATE TITLE

11/14/21
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:
 HOLLY GROVE VOLUNTEER RESCUE SQUAD, INC.

DUE DATE: 012/31/21
 SCC ID NO.: 0237035-1

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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 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 checked="" 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: DIANNE MONTGOMERY TITLE: Secretary ADDRESS: 216 HORSESHOE BEND CITY/ST/ZIP: BUMPASS, VA 23024-0000	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: <i>MARY KAY HUGHES</i> TITLE: <i>SECRETARY</i> ADDRESS: <i>4183 CROSS COUNTRY ROAD</i> CITY/ST/ZIP: <i>MINERAL, VA 23117</i>
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 type="checkbox"/> NAME: CAROLYN LILY BRAMBIE TITLE: Treasurer ADDRESS: 2184 DIGGSTOWN ROAD CITY/ST/ZIP: BUMPASS, VA 23024-0000	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> 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 checked="" 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"/> NAME: WILLIAM E LLOYD TITLE: VP-OPERATIONS ADDRESS: 835 WEST CHAPEL DR. CITY/ST/ZIP: BUMPASS, VA 23024-0000	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: <i>CHRIS FORD</i> TITLE: <i>VP-OPERATIONS</i> ADDRESS: <i>214 CASTLE PARK LANE</i> CITY/ST/ZIP: <i>MINERAL, VA 23117</i>
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	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 type="checkbox"/> NAME: SUSAN M. ANDERSON TITLE: VP/ADMIN ADDRESS: 604 WEST CHAPEL DRIVE CITY/ST/ZIP: BUMPASS, VA 23024-0000	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: <i>JENNIFER FORD</i> TITLE: <i>VP-ADMIN</i> ADDRESS: <i>214 CASTLE PARK LANE</i> CITY/ST/ZIP: <i>MINERAL, VA 23117</i>

