

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

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 03319530  
Filing Number: 2112023925286  
Filing Date/Time: 12/02/2021 11:21 AM  
Effective Date/Time: 12/02/2021 11:21 AM



1. CORPORATION NAME:  
HETHER-DAM, CORP.

DUE DATE: 012/31/21

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.  
David Hetherington  
4148 S Four Mile Run Dr  
Arlington, VA 22206-1106

SCC ID NO.: 0331953-0

5. TOTAL NUMBER OF AUTHORIZED  
SHARES: 10,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
013-ARLINGTON 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 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: 4148 S FOUR MILE RUN DR  CITY/ST/ZIP ARLINGTON, VA 22206-0000	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 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: DAVID H HETHERINGTON TITLE: P/S/T ADDRESS: 17687 TOBERMORY PL CITY/ST/ZIP: LEESBURG, VA 20175-0000	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

0004860



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

*David Hetherington*  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

DAVID HETHERINGTON  
PRINTED NAME AND CORPORATE TITLE

11/28/21  
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:  
HETHER-DAM, CORP.

DUE DATE: **012/31/21**  
SCC ID NO.: **0331953-0**

**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.

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 type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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