

2022 ANNUAL REPORT **COMMONWEALTH OF VIRGINIA** STATE CORPORATION COMMISSION

Commonwealth of Virginia State Corporation Commission Office of the Clerk Entity ID: 00622928 Filing Number: 2112073941814 Filing Date/Time: 12/07/2021 11:14 AM

CORPORATION NAME:

MERRIFIELD IMPROVEMENT ASSOCIATION, INCORPORATED

DUE DATE: 01/31/22

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR

RALPH A. THOMPSON 9074 LORELEIGH WAY

FAIRFAX, VA 22031-0000

SCC ID NO .: 0062292-8

5. TOTAL NUMBER OF AUTHORIZED

SHARES:

3. CITY OR COUNTY OF VA REGISTERED OFFICE: 059-FAIRFAX 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:

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 92 8104 Lee Hwy	ADDRESS:
CITY/ST/ZIP Merrifield, VA 22116-0092	CITY/ST/ZIP

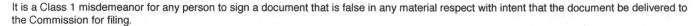
7. DIRECTORS AND PRINCIPAL OFFICERS:

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: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Information is correct Information is incorrect Delete information Correction Addition Replacement OFFICER X DIRECTOR X OFFICER | DIRECTOR | NAME: RICHARD KEVIN WARHURST NAME: TITLE: President TITLE: ADDRESS: \$220 CRESTWOOD HEIGHTS DR ADDRESS: 8220 CRESTWOOD HEIGHTS DR **APT 602** CITY/ST/ZIF CITY/ST/ZIP: Mclean, VA 22102-0000

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

URE OF DIRECTOR OFFICER LISTED IN THIS REPORT





2022 ANNUAL REPORT CONTINUED

CORPORATION NAME:

TITLE:

ADDRESS:

CITY/ST/ZIP:

MERRIFIELD IMPROVEMENT ASSOCIATION, INCORPORATED

DUE DATE:

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All directors and principal officers must be listed. 7. DIRECTORS AND PRINCIPAL OFFICERS: (continued) An individual may be designated as both a director and an officer. Mark appropriate box unless area below is blank: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Information is correct Information is incorrect Delete information ☐ Correction ☐ Addition ☐ Replacement OFFICER X DIRECTOR X OFFICER | DIRECTOR | NAME: DEBBIE W. CAPP NAME: TITLE: Vice President TITLE: ADDRESS: 5406 WILLOW FOREST COURT ADDRESS: CITY/ST/ZIP: CLIFTON, VA 20124-0000 CITY/ST/ZIP: Mark appropriate box unless area below is blank: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: ☐ Correction ☐ Addition ☐ Replacement OFFICER X DIRECTOR X OFFICER | DIRECTOR | NAME: RALPH A THOMPSON NAME: TITLE: SEC/TREAS TITLE: ADDRESS: 9074 LORELEIGH WAY ADDRESS: CITY/ST/ZIP: FAIRFAX, VA 22031-0000 CITY/ST/ZIP: Mark appropriate box unless area below is blank: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: ☐ Information is correct ☐ Information is incorrect ☐ Delete information ☐ Correction ☐ Addition ☐ Replacement OFFICER | DIRECTOR | OFFICER | DIRECTOR | NAME: NAME: TITLE: TITLE: ADDRESS: ADDRESS: CITY/ST/ZIP: CITY/ST/ZIP: Mark appropriate box unless area below is blank: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: ☐ Information is correct ☐ Information is incorrect ☐ Delete information ☐ Correction ☐ Addition ☐ Replacement OFFICER | DIRECTOR | OFFICER | DIRECTOR | NAME: NAME:

TITLE:

ADDRESS:

CITY/ST/ZIP:

