

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

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 08122657
Filing Number: 2112203986078
Filing Date/Time: 12/20/2021 01:20 PM
Effective Date/Time: 12/20/2021 01:20 PM



1. CORPORATION NAME:
Optimal Integrated Services, PC
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.
RONALD L LOVELACE
2203 GRAVES MILL RD STE D
FOREST, VA 24551-0000
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
019-BEDFORD COUNTY
4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia
5. TOTAL NUMBER OF AUTHORIZED SHARES: 5,000

DUE DATE: 012/31/21

SCC ID NO.: 0812265-7

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: 2203 GRAVES MILL RD STE D CITY/ST/ZIP FOREST, VA 24551-0000 | 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"/> | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> |
| NAME: RONALD LOVELACE TITLE: President ADDRESS: 2203 GRAVEL MILL RD STE D CITY/ST/ZIP: FOREST, VA 24551-0000 | NAME: TITLE: ADDRESS: CITY/ST/ZIP: |

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 | <u>RONALD L. LOVELACE</u> PRINTED NAME AND CORPORATE TITLE | <u>12-12-21</u> 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.

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2021 ANNUAL REPORT CONTINUED

CORPORATION NAME:
Optimal Integrated Services, PC

DUE DATE: 012/31/21
SCC ID NO.: 0812265-7

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.
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| | |
|---|---|
| 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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> |
| NAME: ELIZABETH MERRITT TITLE: Secretary ADDRESS: 2203 GRAVES MILL RD STE D CITY/ST/ZIP: FOREST, VA 24551-0000 | 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 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"/> | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> |
| NAME: JUSTIN D LOVELACE TITLE: Treasurer ADDRESS: 2203 GRAVES MILL RD SUITE D CITY/ST/ZIP: FOREST, VA 24551-0000 | 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 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 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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| NAME: TITLE: ADDRESS: CITY/ST/ZIP: | NAME: TITLE: ADDRESS: CITY/ST/ZIP: |

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