

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

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 00731596
Filing Number: 2112213990074
Filing Date/Time: 12/21/2021 11:59 AM
Effective Date/Time: 12/21/2021 11:59 AM



1. CORPORATION NAME:
ART-RAY CORPORATION

DUE DATE: 10/31/21

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
JESSE J JOHNSON JR
3508 ROBS DRIVE
SUFFOLK, VA 23434-0000

SCC ID NO.: 0073159-6

5. TOTAL NUMBER OF AUTHORIZED
SHARES: 1,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
800-SUFFOLK CITY

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: P.O. BOX 1614 CITY/ST/ZIP SUFFOLK, VA 23439-0000	ADDRESS: 689 Lake Meade Dr. Suffolk, VA 23434 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 checked="" 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 checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: ROBERT ARTHUR DAVIS TITLE: President ADDRESS: P.O. BOX 1614 CITY/ST/ZIP: SUFFOLK, VA 23439-0000	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: 689 Lake Meade Dr. CITY/ST/ZIP: Suffolk, VA 23434

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

Forrie Davis Forrie Davis Asst Sec. 12/17/21
SIGNATURE OF DIRECTOR/OFFICER PRINTED NAME AND CORPORATE TITLE DATE
LISTED IN THIS REPORT

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:
ART-RAY CORPORATION

DUE DATE: 10/31/21
SCC ID NO.: 0073159-6

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.

<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: THOMAS NEAL DAVIS TITLE: Vice President ADDRESS: P.O. BOX 1614 CITY/ST/ZIP: SUFFOLK, VA 23439-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: 689 Lake Meade Dr. CITY/ST/ZIP: Suffolk, VA 23434</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: DENISE DAVIS THOMAS TITLE: Secretary ADDRESS: P.O. BOX 1614 CITY/ST/ZIP: SUFFOLK, VA 23439-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: 689 Lake Meade Dr. CITY/ST/ZIP: Suffolk, VA 23434</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: HELEN M DAVIS TITLE: Treasurer ADDRESS: P.O. BOX 1614 CITY/ST/ZIP: SUFFOLK, VA 23439-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: 689 Lake Meade Dr. CITY/ST/ZIP: Suffolk, VA 23434</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: LORRIE DAVIS TITLE: ASST SECRETARY ADDRESS: P.O. BOX 1614 CITY/ST/ZIP: SUFFOLK, VA 23439-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: 689 Lake Meade Dr. CITY/ST/ZIP: Suffolk, VA 23434</p>

0002109

