

2022 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 00523654  
Filing Number: 2201064039822  
Filing Date/Time: 01/06/2022 11:22 AM  
Effective Date/Time: 01/06/2022 11:22 AM



- CORPORATION NAME:  
GLAIZE DEVELOPMENTS, INCORPORATED
- VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.  
FRED L. GLAIZE, III  
112 EAST PICCADILLY STREET  
P O BOX 888  
WINCHESTER, VA 22604-0888
- CITY OR COUNTY OF VA REGISTERED OFFICE:  
840-WINCHESTER CITY
- STATE OR COUNTRY OF INCORPORATION:  
VA-Virginia

DUE DATE: 02/28/22

SCC ID NO.: 0052365-4

5. TOTAL NUMBER OF AUTHORIZED  
SHARES: 50,000

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: 112 EAST PICCADILLY ST POB 888	ADDRESS:
CITY/ST/ZIP WINCHESTER, VA 22601-0000	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 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 type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: JOHN P CARR	NAME:
TITLE: President	TITLE:
ADDRESS: 14 SOUTH WASHINGTON ST	ADDRESS:
CITY/ST/ZIP: WINCHESTER, VA 22601-0000	CITY/ST/ZIP:

0006030



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

John P Carr, President  
PRINTED NAME AND CORPORATE TITLE

1/3/22  
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.

## 2022 ANNUAL REPORT CONTINUED

CORPORATION NAME:  
GLAIZE DEVELOPMENTS, INCORPORATED

DUE DATE: **02/28/22**  
SCC ID NO.: **0052365-4**

**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 checked="" type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input type="checkbox"/> Delete information</p> <p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: RICHARD S HELM          TITLE: Secretary          ADDRESS: 311 FAIRMONT AVENUE          CITY/ST/ZIP: WINCHESTER, VA 22601-0000</p>	<p>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> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>
<p>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</p> <p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: PHILIP B. GLAIZE, JR.          TITLE: Treasurer          ADDRESS: 801 S. WASHINGTON ST.          CITY/ST/ZIP: WINCHESTER, VA 22601-0000</p>	<p>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> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>
<p>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</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: FRED L. GLAIZE, III          TITLE:          ADDRESS: P. O. BOX 888          CITY/ST/ZIP: WINCHESTER, VA 22604-0000</p>	<p>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> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>
<p>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</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: ELIZABETH G. HELM          TITLE:          ADDRESS: 115 ELDERBERRY DR          CITY/ST/ZIP: WINCHESTER, VA 22603-0000</p>	<p>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> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>

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