2022 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

	Commonwealth of Virginia
-	State Corporation Commission
	Office of the Clerk
	Entity ID: 00708826
	Filing Number: 2201114056662
	Filing Date/Time: 01/11/2022 10:56 AM
	Effective Date/Time: 01/11/2022 10:56 AM
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1.	CORPORATION NAME:
	CHERRY CARPET, INC.

DUE DATE: 01/31/22

VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY. DAVID R TYNCH SCC ID NO .: 0070882-6

DAVID R TYNCH 200 HIGH STREET STE 500 PORTSMOUTH, VA 23704-0000

5. TOTAL NUMBER OF AUTHORIZED SHARES: 1,000

- 3. CITY OR COUNTY OF VA REGISTERED OFFICE: 740-PORTSMOUTH 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:

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: 2915 LONDON BLVD	ADDRESS:
CITY/ST/ZIP Portsmouth, VA 23707-0000	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.

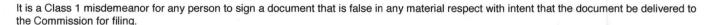
No. 100 (1971)	
Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement
OFFICER DIRECTOR	OFFICER DIRECTOR
NAME: ELLEN C HOLLAND	NAME:
TITLE: VICE PRESIDENT	TITLE:
ADDRESS: 114 SLEEPY POINT WAY	ADDRESS:
CITY/ST/ZIP: SUFFOLK, VA 23435-	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 PRINTED NAME AND CORPORATE TITLE

01/04/2022

DATE





2022 ANNUAL REPORT CONTINUED

CORPORATION NAME: CHERRY CARPET, INC. DUE DATE: 01/31/22 SCC ID NO .: 0070882-6

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: Information is correct Information is incorrect Delete information	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: BRADFORD L CHERRY	NAME:
TITLE: COB/S	TITLE:
ADDRESS: 2702 STERLING PONT DR	ADDRESS:
CITY/ST/ZIP: PORTSMOUTH, VA 23703-0000	CITY/ST/ZIP:
Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete information	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	OFFICER DIRECTOR
NAME: RYAN L PALMER	NAME:
TITLE: VICE PRESIDENT	TITLE:
ADDRESS: 405 SAWYER'S MILL CROSSING	ADDRESS:
CITY/ST/ZIP: CHESAPEAKE, VA 23323-	CITY/ST/ZIP:
Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement
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Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☑ DIRECTOR ☑ NAME: BRADFORD R CHERRY	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME:
Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☑ DIRECTOR ☑ NAME: BRADFORD R CHERRY TITLE: P/T	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: TITLE:
Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☑ DIRECTOR ☑ NAME: BRADFORD R CHERRY TITLE: P/T ADDRESS: 3321 TYRE NECK ROAD	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: TITLE: ADDRESS:
Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☑ DIRECTOR ☑ NAME: BRADFORD R CHERRY TITLE: P/T ADDRESS: 3321 TYRE NECK ROAD CITY/ST/ZIP: CHESAPEAKE, VA 23321-0000 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: OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:
Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☑ DIRECTOR ☑ NAME: BRADFORD R CHERRY TITLE: P/T ADDRESS: 3321 TYRE NECK ROAD CITY/ST/ZIP: CHESAPEAKE, VA 23321-0000 Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement
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