

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

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 07733959  
Filing Number: 2202044161954  
Filing Date/Time: 02/04/2022 01:42 PM  
Effective Date/Time: 02/04/2022 01:42 PM



1. CORPORATION NAME:  
LOPEZ BRICK & TILE INC.

DUE DATE: 01/31/22

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.  
REFUGIO LOPEZ  
1315 SUBURBAN VILLAGE CIRCLE  
NORTH CHESTERFIELD, VA 23235-0000

SCC ID NO.: 0773395-9

5. TOTAL NUMBER OF AUTHORIZED  
SHARES: 3,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
041-CHESTERFIELD 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:

<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: 1315 Suburban Village Cir	ADDRESS:
CITY/ST/ZIP North Chesterfield, VA 23235-4853	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: REFUGIO OSORIO LOPEZ	NAME:
TITLE: President	TITLE:
ADDRESS: 1315 SUBURBAN VILLAGE CIRCLE	ADDRESS:
CITY/ST/ZIP: NORTH CHESTERFIELD, VA 23235-0000	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

Refugio Osorio Lopez / Director  
PRINTED NAME AND CORPORATE TITLE

01/29/2022  
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:  
LOPEZ BRICK & TILE INC.

DUE DATE: **01/31/22**  
SCC ID NO.: **0773395-9**

**7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)**

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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>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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: JUAN JOSE OSORIO MARTINEZ          TITLE:          ADDRESS: 1315 SUBURBAN VILLAGE CIRCLE          CITY/ST/ZIP: NORTH CHESTERFIELD, VA 23235-0000</p>	<p 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>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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: IRMA MARTINEZ CHIQUITO          TITLE:          ADDRESS: 1315 SUBURBAN VILLAGE CIRCLE          CITY/ST/ZIP: NORTH CHESTERFIELD, VA 23235-0000</p>	<p 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 type="checkbox"/> Information is correct    <input 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 type="checkbox"/> Correction    <input type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>	<p 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 type="checkbox"/> Information is correct    <input 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 type="checkbox"/> Correction    <input type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>

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