

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

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 07880495
Filing Number: 2202094178677
Filing Date/Time: 02/09/2022 10:49 AM
Effective Date/Time: 02/09/2022 10:49 AM



1. CORPORATION NAME:
IFDA RICHMOND
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
R CARTER SCOTT III
1802 BAYBERRY COURT STE 401
RICHMOND, VA 23226-3773
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
087-HENRICO COUNTY
4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia

DUE DATE: 02/28/22

SCC ID NO.: 0788049-5

5. TOTAL NUMBER OF AUTHORIZED SHARES:

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: 302 N Shields Ave	ADDRESS:
CITY/ST/ZIP RICHMOND, VA 23220-4408	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: Stephanie Theofanos	NAME:
TITLE: President	TITLE:
ADDRESS: 302 N Shields Ave	ADDRESS:
CITY/ST/ZIP: Richmond, VA 23230-	CITY/ST/ZIP:

0008593



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

Stephanie Theofanos
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

STEPHANIE THEOFANOS - PRES.
PRINTED NAME AND CORPORATE TITLE

2/3/2022
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:
IFDA RICHMOND

DUE DATE: **02/28/22**
SCC ID NO.: **0788049-5**

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 type="checkbox"/> Information is incorrect <input checked="" 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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Adrienne Fabling TITLE: Vice President ADDRESS: 3823 Gaskins Rd CITY/ST/ZIP: RICHMOND, VA 23233-</p>	<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: RACHEL PARRISH TITLE: VICE PRESIDENT ADDRESS: 3801 CAROLINA AVE. CITY/ST/ZIP: RICHMOND, VA 23223</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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Sandra Hall TITLE: Secretary ADDRESS: 9608 Cragmont Dr. CITY/ST/ZIP: HENRICO, VA 23229-</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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Georgia Kuboski TITLE: Treasurer ADDRESS: 10520 Lakeridge Pkwy CITY/ST/ZIP: ASHLAND, VA 23005-</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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Catherine Connon TITLE: Educational FDN ADDRESS: 7435 Riverside Dr. CITY/ST/ZIP: RICHMOND, VA 23225-</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

0008593

