

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

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 00307215
Filing Number: 2202224227566
Filing Date/Time: 02/22/2022 04:55 PM
Effective Date/Time: 02/22/2022 04:55 PM



1. CORPORATION NAME:
THE JUNIOR LEAGUE OF NORFOLK-VIRGINIA BEACH, INCORPORATED
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
HUGH L PATTERSON
Willcox & Savage PC
440 Monticello Ave. Ste 2200
Norfolk, VA 23510-0000
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
710-NORFOLK CITY
4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia

DUE DATE: **02/28/22**

SCC ID NO.: **0030721-5**

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: 419 S Lynnhaven Rd Ste 111	ADDRESS:
CITY/ST/ZIP Virginia Beach, VA 23452-6653	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 checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: ERIN RICE	NAME:
TITLE: President	TITLE:
ADDRESS: 4965 DEER PATH ROAD	ADDRESS:
CITY/ST/ZIP: SUFFOLK, VA 23437-0000	CITY/ST/ZIP:

0011006



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

Erin Rice

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Erin Rice, President

PRINTED NAME AND CORPORATE TITLE

2/16/22

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:
 THE JUNIOR LEAGUE OF NORFOLK-VIRGINIA BEACH, INCORPORATED

DUE DATE: **02/28/22**
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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: BRITTANY LAVALLEUR TITLE: Secretary ADDRESS: 912 WOODMARK CT CITY/ST/ZIP: , VA 23452-	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: ERIN CLEMENTS TITLE: Secretary ADDRESS: 104 Edgeware Ct CITY/ST/ZIP: Chesapeake, VA 23322
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	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: KERRY STOLZ TITLE: Treasurer ADDRESS: 444 HONEY LOCUST WAY CITY/ST/ZIP: Chesapeake, VA 23320-	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: JILLIAN SNYDER TITLE: Treasurer ADDRESS: 517 W 20th St, unit 501 CITY/ST/ZIP: Norfolk, VA 23517
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	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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: KATHRYN GREEN TITLE: Treasurer ADDRESS: 444 HONEY LOCUST WAY CITY/ST/ZIP: Chesapeake, VA 23320-	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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 type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

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