

2022 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 06911036
Filing Number: 2203114299705
Filing Date/Time: 03/11/2022 11:47 AM
Effective Date/Time: 03/11/2022 11:47 AM



1. CORPORATION NAME:
THOMAS H. NICHOLSON, III, INC.

DUE DATE: 03/31/22

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
ROBERT M REED
555 E MAIN ST STE 1400
NORFOLK, VA 23510-0000

SCC ID NO.: 0691103-6

5. TOTAL NUMBER OF AUTHORIZED
SHARES: 5,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
710-NORFOLK 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:

| | |
|---|---|
| <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: 819 W LITTLE CREEK ROAD | ADDRESS: |
| CITY/ST/ZIP NORFOLK, VA 23505-0000 | 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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> |
| NAME: THOMAS H NICHOLSON III | NAME: |
| TITLE: P/S/T | TITLE: |
| ADDRESS: 819 W LITTLE CREEK ROAD | ADDRESS: |
| CITY/ST/ZIP: NORFOLK, VA 23505-0000 | 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

Thomas H. Nicholson, III, President

PRINTED NAME AND CORPORATE TITLE

3/2/22

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.