

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

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 00267328
Filing Number: 2204184436992
Filing Date/Time: 04/18/2022 11:23 AM
Effective Date/Time: 04/18/2022 11:23 AM



1. CORPORATION NAME:
Colonial Virginia Council of Boy Scouts of America, Inc.
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
RICHARD B DONALDSON JR
701 TOWN CENTER DR STE 800
PO BOX 12888
NEWPORT NEWS, VA 23612-2888
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
700-NEWPORT NEWS CITY
4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia

DUE DATE: **05/31/22**

SCC ID NO.: **0026732-8**

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: 11834 Canon Blvd Ste L	ADDRESS:
CITY/ST/ZIP Newport News, VA 23606-2581	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: WILL SAMPSON	NAME:
TITLE: Exec Board Memb	TITLE:
ADDRESS: 721 LAKEFRONT COMMONS	ADDRESS:
CITY/ST/ZIP: Newport News, VA 23606-	CITY/ST/ZIP:

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

	<i>Clinton Hammett</i> (CEO)	4/13/22
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.

0011421



2022 ANNUAL REPORT CONTINUED

CORPORATION NAME:
 Colonial Virginia Council of Boy Scouts of America
 , Inc.

DUE DATE: **05/31/22**
 SCC ID NO.: **0026732-8**

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.

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"/> NAME: CLINTON HAMMETT TITLE: CEO, Secretary ADDRESS: 11834 CANON BLVD, SUITE L CITY/ST/ZIP: Newport News, VA 23606-0000	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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"/> NAME: DAVID GROSE TITLE: Treasurer ADDRESS: 11834 CANON BLVD., SUITE L CITY/ST/ZIP: NEWPORT NEWS, VA 23606-0000	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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"/> NAME: DEAN CANOVOS TITLE: EXEC BD MBR ADDRESS: 32 AMY BROOKS DRIVE CITY/ST/ZIP: Newport News, VA 23606-0000	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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"/> NAME: RICHARD B DONALDSON JR. TITLE: EXEC BD MBR ADDRESS: 701 TOWN CENTER DR STE 800 CITY/ST/ZIP: NEWPORT NEWS, VA 23606-0000	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

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