

2022 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

Commonwealth of Virginia State Corporation Commission Office of the Clerk Entity ID: 08347585 Filing Number: 2208014799116 Filing Date/Time: 08/01/2022 01:09 PM

1.	CORPORATION NAME:	
	NII I II - I I O	1

Nikki's Home Connection, Inc.

DUE DATE: 08/31/22

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.

SCC ID NO .: 0834758-5

VONDA W CHAPPELL 501 INDEPENDENCE PKWY STE 100

5. TOTAL NUMBER OF AUTHORIZED

SHARES:

5,000

CHESAPEAKE, VA 23320-0000

3. CITY OR COUNTY OF VA REGISTERED OFFICE: 550-CHESAPEAKE 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:

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: 6086 MARTINS POINT ROAD	ADDRESS: 107 Hanyen Court
CITY/ST/ZID VITTY HAVAIV NO 27040	CITY/ST/ZIP Chesapeake, VA 23322
CITY/ST/ZIP KITTY HAWK, NC 27949-	OH 1/31/2II

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.

Myrrk appropriate box unless area below is blank: ☐ Information is correct ☐ Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: \[\begin{align*} \times \cdot \text{Correction} & \to \text{Addition} & \to \text{Replacement} \]	
OFFICER DIRECTOR	OFFICER DIRECTOR	
NAME: LORI NICOLE JOHNSON	NAME:	
TITLE: President, Secr	TITLE:	
ADDRESS: PO BOX 8054	ADDRESS: 107 Hanyen Court	
CITY/ST/ZIP: DUCK, NC 27949-0000	CITY/ST/ZIP: Chesapeake, VA 23322	

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

SIGNATURE OF DIRECTOR/OFFICER LISTED IN T HIS REPORT

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:

Nikki's Home Connection, Inc.

DUE DATE:

08/31/22

SCC ID NO .: 0834758-5

DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.

7. DINECTORS AND PHINCIPAL OFFICERS. (CONTINUE	(1) An individual may be designated as both a director and an officer.	
Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement	
OFFICER DIRECTOR	OFFICER DIRECTOR	
NAME:	NAME:	
TITLE:	TITLE:	
ADDRESS:	ADDRESS:	
CITY/ST/ZIP:	CITY/ST/ZIP:	
Mark appropriate box unless area below is blank:	If the block to the left is blank or contains incorrect data, please mark appropriate	
☐ Information is correct ☐ Information is incorrect ☐ Delete information	box and enter information below:	
OFFICER DIRECTOR	OFFICER DIRECTOR	
NAME:	NAME:	
TITLE:	TITLE:	
ADDRESS:	ADDRESS:	
CITY/ST/ZIP:	CITY/ST/ZIP:	
Mark appropriate box unless area below is blank:	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:	
Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information	box and enter information below:	
	box and enter information below:	
☐ Information is correct ☐ Information is incorrect ☐ Delete information	box and enter information below:	
☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐	box and enter information below: Correction Addition Replacement OFFICER DIRECTOR	
☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ NAME:	box and enter information below: Correction Addition Replacement OFFICER DIRECTOR NAME:	
OFFICER DIRECTOR NAME:	Dox and enter information below: Correction Addition Replacement OFFICER DIRECTOR NAME: TITLE:	
OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank:	DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:	
OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank: Information is incorrect Delete information	OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement	
OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank:	DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:	
OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank: Information is incorrect Delete information	OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement	
OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank: Information is correct Delete information OFFICER DIRECTOR DI	DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement OFFICER DIRECTOR	
OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank: Information is correct Delete information OFFICER DIRECTOR NAME: OFFICER DIRECTOR NAME:	DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement OFFICER DIRECTOR NAME: NAME:	

