

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

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 00757658
Filing Number: 2208224871595
Filing Date/Time: 08/22/2022 03:54 PM
Effective Date/Time: 08/22/2022 03:54 PM



1. CORPORATION NAME:
NEW LONDON CLUB HOUSE CORPORATION

DUE DATE: **08/31/22**

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR
JAMES W. DALTON, SR.
84 CHARLDON RD
LYNCHBURG, VA 24502-0000

SCC ID NO.: **0075765-8**

5. TOTAL NUMBER OF AUTHORIZED SHARES:

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
031-CAMPBELL COUNTY

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: 12411 EAST LYNCHBURG STATION TURNPIKE	ADDRESS:
CITY/ST/ZIP FOREST, VA 24551-0000	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.

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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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: JAMES W DALTON SR	NAME:
TITLE: President, Secr	TITLE:
ADDRESS: 84 CHARLDON RD	ADDRESS:
CITY/ST/ZIP: LYNCHBURG, VA 24501-5160	CITY/ST/ZIP:

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

James W. Dalton Sr
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

JAMES W. DALTON SR.
PRINTED NAME AND CORPORATE TITLE

AUG. 18, 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:
NEW LONDON CLUB HOUSE CORPORATION

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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: JOHN B. HARRIS JR. TITLE: Vice President ADDRESS: 143 JEFFERSON MANOR DRIVE CITY/ST/ZIP: FOREST, VA 24551-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: <i>JANET WHITEHEAD</i> TITLE: <i>DIRECTOR</i> ADDRESS: <i>108 MINUTEMAN DRIVE</i> CITY/ST/ZIP: <i>FOREST, VA 24551</i></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: BRENDA M TIBBS TITLE: Treasurer ADDRESS: 1328 WILLAR MANOR LANE CITY/ST/ZIP: Forest, VA 24551-0000</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 type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: PATRICK W DALTON TITLE: ADDRESS: 464 MOORMAN MILL ROAD CITY/ST/ZIP: Rustburg, VA 24588-</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 type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: CHRIS TIBBS TITLE: ADDRESS: 1248 WILLAR MANOR LANE CITY/ST/ZIP: Forest, VA 24551-</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

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