

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

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 05481809
Filing Number: 2209224979244
Filing Date/Time: 09/22/2022 09:11 AM
Effective Date/Time: 09/22/2022 09:11 AM



1. CORPORATION NAME:
CSRE, INC.

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
MATSON C TERRY III
293 STEAMBOAT RD IRVINGTON PROF OFFICES
PO BOX 340
IRVINGTON, VA 22480-0000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
103-LANCASTER COUNTY

4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia

DUE DATE: **010/31/22**
SCC ID NO.: **0548180-9**
5. TOTAL NUMBER OF AUTHORIZED SHARES: **5,000**

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input 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: 62 ROCK DRIVE CITY/ST/ZIP IRVINGTON, VA 22480-0000	ADDRESS: 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 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
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> NAME: COLLEEN SHAUT TITLE: P/S/T ADDRESS: PO BOX 58 CITY/ST/ZIP: IRVINGTON, VA 22480-0000	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: 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	COLLEEN R. SHAUT PRESIDENT PRINTED NAME AND CORPORATE TITLE	9-16-22 DATE
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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.

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