

## 2022 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 05106844
Filling Number: 2210065032596
Filling Date/Time: 10/06/2022 12:00 PM
Effective Date/Time: 10/06/2022 12:00 PM

 CORPORATION NAME: Inn at Burwell Place, Inc.

DUE DATE: 010/31/22

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

SCC ID NO.: 0510684-4

R NEAL KEESEE JR 1400 FIRST UNION TOWER 10 S JEFFERSON ST ROANOKE, VA 24011-0000

5. TOTAL NUMBER OF AUTHORIZED

SHARES:

5,000

- 3. CITY OR COUNTY OF VA REGISTERED OFFICE: 770-ROANOKE 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: 601 WEST MAIN ST	ADDRESS:
	× .
CITY/ST/ZIP SALEM, VA 24153-0000	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

Mark appropriate box unless area below is blank:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:

□ Information is correct □ Information is incorrect □ Delete information □ Delete informatio

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

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.



## **2022 ANNUAL REPORT CONTINUED**

CORPORATION NAME: Inn at Burwell Place, Inc. DUE DATE: 010/31/22 SCC ID NO.: 0510684-4

All directors and principal officers must be listed. An individual may be designated as both a director and an officer

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)	An individual may be designated as both a director and an officer.
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:  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:  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
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
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☐ Information is correct ☐ Information is incorrect ☐ Delete information  OFFICER ☐ DIRECTOR ☐  NAME:  TITLE:  ADDRESS:	DIRECTOR   NAME:  TITLE:  ADDRESS:  CITY/ST/ZIP:  If the block to the left is blank or contains incorrect data, please mark appropriate
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☐ Information is correct ☐ Information is incorrect ☐ Delete information  OFFICER ☐ DIRECTOR ☐  NAME:  TITLE:  ADDRESS:  CITY/ST/ZIP:  Mark appropriate box unless area below is blank:	DIRECTOR 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:
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☐ Information is correct       ☐ Information is incorrect       ☐ Delete information         OFFICER ☐ DIRECTOR ☐         NAME:       TITLE:         ADDRESS:       CITY/ST/ZIP:         Mark appropriate box unless area below is blank:       ☐ Information is correct ☐ Information is incorrect ☐ Delete information         OFFICER ☐ DIRECTOR ☐       NAME:	DOFFICER 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:

