

2022 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 05042692
Filing Number: 2210215079586
Filing Date/Time: 10/21/2022 12:07 PM
Effective Date/Time: 10/21/2022,12:07 PM

 CORPORATION NAME: EVEREADY CONSTRUCTION INC.

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

RICHARD D. PALMIERI 200 SOUTH 10TH STREET, SUITE 1600 P. O. BOX 1320 RICHMOND, VA 23218-1320 DUE DATE: 06/30/22

SCC ID NO .: 0504269-2

5. TOTAL NUMBER OF AUTHORIZED

SHARES: 5,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE: 760-RICHMOND CITY

 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: 16306 Crossfell PI	ADDRESS:
	. , ,
CITY/ST/ZIP Chesterfield, VA 23832-2823	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: ✓ 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: DWIGHT H SNEAD JR	NAME:
TITLE: P/S/T	TITLE:
ADDRESS: 16306 Crossfell PI	ADDRESS:
CITY/ST/ZIP: CHESTERFIELD, VA 23832-0000	CITY/ST/ZIP:

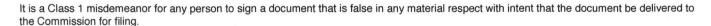
I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE TITLE

10/19/202~

DATE





2022 ANNUAL REPORT CONTINUED

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SCC ID NO.: 0504269-2

All directors and principal officers must be listed.

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: 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: 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: 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: 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:
CITV/QT/7IP	CITY/ST/7IP:

