

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

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 02972842  
Filing Number: 2211045127477  
Filing Date/Time: 11/04/2022 11:50 AM  
Effective Date/Time: 11/04/2022 11:50 AM



1. CORPORATION NAME:

Lhee Electric Co, Inc.

DUE DATE: **012/31/22**

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR

JOAN LHEE  
LHEE ELECTRIC CO INC  
14815 BUILD AMERICA DR  
WOODBIDGE, VA 22191-0000

SCC ID NO.: **0297284-2**

5. TOTAL NUMBER OF AUTHORIZED  
SHARES: 5,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

153-PRINCE WILLIAM 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 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: 14815 BUILD AMERICA DRIVE	ADDRESS:
CITY/ST/ZIP WOODBRIDGE, VA 22191-0000	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.

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: JEFFRIES TONG LHEE	NAME:
TITLE: PRES/VP	TITLE:
ADDRESS: 1099 SEAVIEW AVENUE	ADDRESS:
CITY/ST/ZIP: WOODBRIDGE, VA 22191-0000	CITY/ST/ZIP:

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

Jeffries T. Lhee  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

Jeffries Lhee  
PRINTED NAME AND CORPORATE TITLE

11/1/22  
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:  
Lhee Electric Co, Inc.

DUE DATE: **012/31/22**  
SCC ID NO.: **0297284-2**

**7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)**

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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
<p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> NAME: JOAN LHEE TITLE: SEC/TREAS ADDRESS: 1099 SEAVIEW AVENUE CITY/ST/ZIP: WOODBRIDGE, VA 22191-0000	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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 style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

