

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

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 02501476  
Filing Number: 2211145155690  
Filing Date/Time: 11/14/2022 01:07 PM  
Effective Date/Time: 11/14/2022 01:07 PM



1. CORPORATION NAME:  
HEATWOLE'S, INC.

DUE DATE: 012/31/22

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.  
MARGARET HEATWOLE  
3039 HILL GAP RD  
BRIDGEWATER, VA 22812-0000

SCC ID NO.: 0250147-6

5. TOTAL NUMBER OF AUTHORIZED  
SHARES: 1,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
165-ROCKINGHAM 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: 3093 HILL GAP ROAD	ADDRESS:
CITY/ST/ZIP BRIDGEWATER, VA 22812-0000	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.

0006706



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: MARGARET HEATWOLE	NAME:
TITLE: PRES/SEC/TREAS	TITLE:
ADDRESS: 3039 HILL GAP RD	ADDRESS:
CITY/ST/ZIP: BRIDGEWATER, VA 22812-0000	CITY/ST/ZIP:

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

*Margaret W Heatwole*  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

Margaret W Heatwole / President      11/10/22  
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:  
HEATWOLE'S, INC.

DUE DATE: **012/31/22**  
SCC ID NO.: **0250147-6**

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

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

<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 style="text-align: center;">OFFICER   <input type="checkbox"/>   DIRECTOR   <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p style="text-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 style="text-align: center;">OFFICER   <input type="checkbox"/>   DIRECTOR   <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p style="text-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 style="text-align: center;">OFFICER   <input type="checkbox"/>   DIRECTOR   <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p style="text-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 style="text-align: center;">OFFICER   <input type="checkbox"/>   DIRECTOR   <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p style="text-align: center;">OFFICER   <input type="checkbox"/>   DIRECTOR   <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

0006706

