

2022 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

Commonwealth of Virginia State Corporation Commission Office of the Clerk Entity ID: 02802536 Filing Number: 2211165164967 Filing Date/Time: 11/16/2022 11:08 AM Effective Date/Time: 11/16/2022 11:08 AM

CORPORATION NAME:	
CHARITY FOUNDATION,	INC.

DUE DATE: 012/31/22

. VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO .: 0280253-6

JOSEPH ANTHONY MUIA 395 Beauford Rd Rockingham, VA 22801-0000

5. TOTAL NUMBER OF AUTHORIZED SHARES:

- . CITY OR COUNTY OF VA REGISTERED OFFICE: 165-ROCKINGHAM COUNTY
- . STATE OR COUNTRY OF INCORPORATION: VA-Virginia

O NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or

rint in black only.	
). 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: 395 Beauford Rd	ADDRESS:
CITY/ST/ZIP HARRISONBURG, VA 22801-0000	CITY/ST/ZIP
'. DIRECTORS AND PRINCIPAL OFFICERS: All directors and individual directors.	ors and principal officers must be listed. Iual 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 X DIRECTOR X	OFFICER DIRECTOR
NAME: JOSEPH A MUIA	NAME:
TITLE: President	TITLE:
ADDRESS: 395 Beauford Rd	ADDRESS:

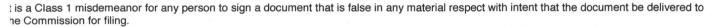
affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

CITY/ST/ZIP: , VA 22801-0000

CITY/ST/ZIP:

PRINTED NAME AND CORPORATE TITLE





2022 ANNUAL REPORT CONTINUED

CORPORATION NAME: CHARITY FOUNDATION, INC.

CITY/ST/ZIP:

DUE DATE: 012/31/22

SCC ID NO .: 0280253-6

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.	
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 X DIRECTOR X	OFFICER DIRECTOR	
NAME: JOSEPH MUIA	NAME:	
TITLE: Treasurer	TITLE:	
ADDRESS: 395 Beauford Rd	ADDRESS:	
CITY/ST/ZIP: , VA 22801-0000	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 D DIRECTOR D	OFFICER DIRECTOR	
NAME: LITTIAN A. MUIA	NAME:	
TITLE: Secretary	TITLE:	
ADDRESS: 395 Beneford RD	ADDRESS:	
CITY/ST/ZIP: HARRISONbung, UA 22801	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:

