

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

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 08122657
Filing Number: 2211215177427
Filing Date/Time: 11/21/2022 10:19 AM
Effective Date/Time: 11/21/2022 10:19 AM



1. CORPORATION NAME:
Optimal Integrated Services, PC
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.
RONALD L LOVELACE
2203 GRAVES MILL RD STE D
FOREST, VA 24551-0000
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
019-BEDFORD COUNTY
4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia
5. TOTAL NUMBER OF AUTHORIZED SHARES: 5,000
- DUE DATE: 012/31/22
SCC ID NO.: 0812265-7

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: 2203 GRAVES MILL RD STE D	ADDRESS:
CITY/ST/ZIP FOREST, VA 24551-0000	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: RONALD LOVELACE	NAME:
TITLE: President	TITLE:
ADDRESS: 2203 GRAVEL MILL RD STE D	ADDRESS:
CITY/ST/ZIP: FOREST, VA 24551-0000	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

RONALD L. LOVELACE PRES
PRINTED NAME AND CORPORATE TITLE

11-16-22
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:
Optimal Integrated Services, PC

DUE DATE: 012/31/22
SCC ID NO.: 0812265-7

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<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 align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: ELIZABETH MERRITT TITLE: Secretary ADDRESS: 2203 GRAVES MILL RD STE D CITY/ST/ZIP: FOREST, VA 24551-0000</p>	<p 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 align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: JUSTIN D LOVELACE TITLE: Treasurer ADDRESS: 2203 GRAVES MILL RD SUITE D CITY/ST/ZIP: FOREST, VA 24551-0000</p>	<p 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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

