2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

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CORPORATION NAME: Residential Property Management, Inc.		DUE DATE: 12	2/31/16	о 2
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR. RANDY HUNTLEY 7065 IDYLWOOD ROAD FALLS CHURCH, VA 22043		SCC ID NO.: 05	DRMATION	
3. CITY OR COUNTY OF VA REGISTERED OFFICE: 129-FAIRFAX COUNTY		CLASS	AUTHORIZED 1,000	
4. STATE OR COUNTRY OF INCORPORATION: VA-VIRGINIA				
DO NOT ATTEMPT TO ALTER THE INFORMATION ABO print in black only. 6. PRINCIPAL OFFICE ADDRESS:				
Mark this box if address shown below is correct	address below.	lank or contains incorrec	t data please add or correct the	
ADDRESS: 7065 IDYLWOOD ROAD	ADDRESS:			
CITY/ST/ZIP FALLS CHURCH, VA 22043	CITY/ST/ZIP			
	ors and principal officers m lual may be designated as		n officer.	0002940 K-175483
Mark appropriate box unless area below is blank: Information is correct Delete information	If the block to the left is blan box and enter information be	elow.	ata, please mark appropriate	
OFFICER 🗵 DIRECTOR 🗵		OFFICER	☐ DIRECTOR ☐	
NAME: RANDY HUNTLEY	NAME:			
TITLE: PRESIDENT	TITLE:			
ADDRESS: 7065 IDYLWOOD ROAD	ADDRESS:			
CITY/ST/7ID: EALLS CHURCH VA 22042	CITV/ST/7IP			

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

Randy Huntley - President PRINTED NAME AND CORPORATE TITLE

2016 ANNUAL REPORT CONTINUED

CORPORATION NAME:

Residential Property Management, Inc.

DUE DATE: 12/31/16 SCC ID NO.: 0568848-6

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 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 D	OFFICER DIRECTOR
NAME: PAMELA S HUNTLEY	NAME:
TITLE: VP/S/T	TITLE:
ADDRESS: 7065 IDYLWOOD ROAD	ADDRESS:
CITY/ST/ZIP: FALLS CHURCH, VA 22043	CITY/ST/ZIP:
Mark appropriate box unless area below is blank:	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:
Information is correct Information is incorrect Delete information	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
	hox and enter information below:
☐ Information is correct ☐ Information is incorrect ☐ Delete Information	box and enter information below: Correction Addition Replacement
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OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank:	box and enter Information below: OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:
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