



**2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

215163132--10/26/2015

215163132



1. CORPORATION NAME:  
LEESBURG IRON AND METAL, INC.

DUE DATE: 12/31/15

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.  
HARRY B. FREEDMAN  
229 DEPOT CT.  
LEESBURG, VA 22075

SCC ID NO.: 0171780-0

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
153-LOUDOUN COUNTY

4. STATE OR COUNTRY OF INCORPORATION:  
VA-VIRGINIA

5. STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	15,000

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: 229 DEPOT COURT SE  CITY/ST/ZIP LEESBURG, VA 20175-3017	ADDRESS:  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 type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: JASON COHEN TITLE: VICE PRESIDENT ADDRESS: 21237 GREENBRIER CT CITY/ST/ZIP: ASHBURN, VA 20147	NAME: TITLE: ADDRESS: CITY/ST/ZIP:

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

Faye M Cohen  
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

FAYE M. COHEN  
PRINTED NAME AND CORPORATE TITLE

10-23-15  
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.

2015 ANNUAL REPORT CONTINUED

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LEESBURG IRON AND METAL, INC.

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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: HARRY FREEDMAN TITLE: VICE PRESIDENT ADDRESS: 12200 THOROUGHBRED RD CITY/ST/ZIP: HERNDON, VA 20171</p>	<p>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>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: RUTH FREEDMAN TITLE: TREASURER ADDRESS: 5018 ALTAVISTA RD CITY/ST/ZIP: BETHESDA, MD 20814</p>	<p>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>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: FAYE COHEN TITLE: SECRETARY ADDRESS: 21237 GREENBRIER CT CITY/ST/ZIP: ASHBURN, VA 20147</p>	<p>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>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: FAYE COHEN TITLE: DIRECTOR ADDRESS: 21237 GREENBRIER CT CITY/ST/ZIP: ASHBURN, VA 20147</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

