

**2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**



216174590

1. CORPORATION NAME:

LARRY ROACH AND ASSOCIATES INSURANCE SERVICES, INC.

DUE DATE: **October 31, 2016**

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.

N LARRY ROACH
46 FLOYD HENLEY DRIVE
FIELDALE, VA 24089

SCC ID NO.: **0234594-0**

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

144-HENRY 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 checked="" 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: 46 FLOYD HENLEY DRIVE	ADDRESS:
CITY/ST/ZIP FIELDALE, VA 24089	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 checked="" type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
NAME: NORMAN LARRY ROACH	NAME: <i>Judy B. Roach</i>
TITLE: PRES/TREAS	TITLE: <i>President / Treas.</i>
ADDRESS: 79 FLOYD HENLEY DRIVE	ADDRESS: <i>19 Floyd Henley Rd.</i>
CITY/ST/ZIP: FIELDALE, VA 24089	CITY/ST/ZIP: <i>Fieldale, VA 24089</i>

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

Judy B. Roach
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Judy B. Roach, Officer
PRINTED NAME AND CORPORATE TITLE

11-28-2016
DATE

CORPORATION NAME:
LARRY ROACH AND ASSOCIATES INSURANCE SERVICES,
INC.

DUE DATE: 10/31/16
SCC ID NO.: 0234594-0

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 checked="" 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: JUDY BRYANT ROACH TITLE: SECRETARY ADDRESS: 79 FLOYD HENLEY DRIVE CITY/ST/ZIP: FIELDALE, VA 24089</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 type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</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 type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

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