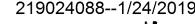
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2019 ANNUAL REPORT **COMMONWEALTH OF VIRGINIA** STATE CORPORATION COMMISSION



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1. CORPORATION NAME CROWELL MOTOR COMPANY, INCORPORATED DUE DATE: 1/31/2019

CORPORATE ID .: 0035085-0

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

T. A. CROWELL, III 1426 WILBORN AVE. SOUTH BOSTON VA 24592

5. TOTAL NUMBER OF AUTHORIZED SHARES: 1,000

- 3. CITY OR COUNTY OF VA REGISTERED OFFICE: 141 - HALIFAX COUNTY
- 4. STATE OR COUNTRY OF INCORPORATION:

VA - VIRGINIA

Changes to items 1 through 5 above cannot be accomplished on this annual report form and will require a separate filing(s). Carefully read the enclosed instruction sheet. Visit our website at scc.virginia.gov/clk/formfee.aspx or contact the Clerk's Office. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below.
ADDRESS: 1426 WILBORN AVE	ADDRESS:
CITY/ST/ZIP: SOUTH BOSTON VA 24592	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

Mirk appropriate box unless area below is blank:	If information at lower left is incorrect or blank, please mark appropriate box and enter information below:	
OFFICER X DIRECTOR X		
TITLE: P/T	TITLE:	
ADDRESS: 1426 WILBORN AVENUE	ADDRESS:	
CITY/ST/ZIP: SOUTH BOSTON VA 24592	CITY/ST/ZIP:	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT SACCURATE AND COMPLETE AS OF THE DATE BELOW.		
It is a Class 1 middemeanor for any person to sign a document that is false in any material respect with intent that the document he delivered to the		

It is a Class 1 ith intent that the document be deliver Commission for filing.

2019 ANNUAL REPORT CONTINUED	2190240881/24/20
CORPORATE NAME: CROWELL MOTOR COMPANY, INCORPORATED	DUE DATE: 1/31/2019 (1) SCC ID NO.: 0035085-0 (3)
7. DIRECTORS AND PRINCIPAL OFFICERS (continued):	All directors and principal officers must be listed.
Mark appropriate box unless area below is blank:	An individual may be designated as both a director and an officer.
TITLE: SECRETARY	TITLE:
ADDRESS: 4081 OLD CLUSTER SPRINGS RD	ADDRESS:
CITY/ST/ZIP: SOUTH BOSTON VA 24592	CITY/ST/ZIP:
Mark appropriate box unless area below is blank:	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: Correction Addition Replacement
OFFICER DIRECTOR	
TITLE:	TITLE:
ADDRESS:	ADDRESS:
CITY/ST/ZIP:	CITY/ST/ZIP:
	· · ·
Mark appropriate box unless area below is blank:	If information at lower left is incorrect or blank, please mark appropriate box and enter information below:
TITLE:	TITLE:
ADDRESS:	ADDRESS:
CITY/ST/ZIP:	CITY/ST/ZIP:
Mark appropriate box unless area below is blank:	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: Correction Addition Replacement
OFFICER DIRECTOR	OFFICER DIRECTOR
TITLE:	TITLE:
ADDRESS:	ADDRESS:
CITY/ST/ZIP:	CITY/ST/ZIP: