

2019 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

219024088--1/24/2019

219024088



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:

<input checked="" type="checkbox"/> 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.

<input checked="" type="checkbox"/> 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	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: T A CROWELL III TITLE: P/T ADDRESS: 1426 WILBORN AVENUE CITY/ST/ZIP: SOUTH BOSTON VA 24592 OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	NAME: TITLE: ADDRESS: CITY/ST/ZIP: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW.

T. A. Crowell III T. A. CROWELL Pres. 1/3/2019
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT PRINTED NAME AND TITLE 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.

CISPKF

2019 ANNUAL REPORT CONTINUED

CORPORATE NAME:
CROWELL MOTOR COMPANY, INCORPORATED

DUE DATE: 1/31/2019
SCC ID NO.: 0035085-0

219024088

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 type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information</p>	<p>If information at lower left is incorrect or blank, please mark appropriate and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replac</p>
<p>NAME: MARGARET W HUDSON TITLE: SECRETARY ADDRESS: 4081 OLD CLUSTER SPRINGS RD CITY/ST/ZIP: SOUTH BOSTON VA 24592</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 information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</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 information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</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 information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>