

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



219134565

1. CORPORATION NAME:
ART-RAY CORPORATION
- DUE DATE: 10/31/19
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
JESSE J JOHNSON JR
3508 ROBS DRIVE
SUFFOLK, VA 23434
- SCC ID NO.: 0073159-6
5. TOTAL NUMBER OF AUTHORIZED SHARES: 1,000
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
220-SUFFOLK CITY
4. STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

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: P.O. BOX 1614	ADDRESS:
CITY/ST/ZIP SUFFOLK, VA 23439	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.

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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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: ROBERT ARTHUR DAVIS	NAME:
TITLE: PRESIDENT	TITLE:
ADDRESS: P.O. BOX 1614	ADDRESS:
CITY/ST/ZIP: SUFFOLK, VA 23439	CITY/ST/ZIP:



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


PRINTED NAME AND CORPORATE 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.

CORPORATION NAME:
ART-RAY CORPORATION

DUE DATE: 10/31/19
SCC ID NO.: 0073159-6

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.
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<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: THOMAS NEAL DAVIS TITLE: VICE PRESIDENT ADDRESS: P.O. BOX 1614 CITY/ST/ZIP: SUFFOLK, VA 23439</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 checked="" type="checkbox"/></p> <p>NAME: HELEN M DAVIS TITLE: TREASURER ADDRESS: P.O. BOX 1614 CITY/ST/ZIP: SUFFOLK, VA 23439</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: LORRIE DAVIS TITLE: ASST SECRETARY ADDRESS: P.O. BOX 1614 CITY/ST/ZIP: SUFFOLK, VA 23439</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: DENISE DAVIS THOMAS TITLE: SECRETARY ADDRESS: P.O. BOX 1614 CITY/ST/ZIP: SUFFOLK, VA 23439</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

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