

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

219153546--10/25/2019

219153546



1. CORPORATION NAME:

Madison House

DUE DATE: 12/31/19

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

SCC ID NO.: 0001276-5

TIMOTHY ANDREW FREILICH
170 RUGBY ROAD
CHARLOTTESVILLE, VA 22903

5. TOTAL NUMBER OF AUTHORIZED SHARES:

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

203-CHARLOTTESVILLE 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 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: 170 RUGBY ROAD	ADDRESS:
CITY/ST/ZIP CHARLOTTESVILLE, VA 22903	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.

0006820



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 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: TIMOTHY A FREILICH	NAME:
TITLE: EXEC DIR/PRES	TITLE:
ADDRESS: 170 RUGBY ROAD	ADDRESS:
CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903	CITY/ST/ZIP:

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

Timothy Freilich, Exec. Dir + Pres

10/23/19

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:
Madison House

DUE DATE: 12/31/19
SCC ID NO.: 0001276-5

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

<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 type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: DOUG TROUT TITLE: TREASURER ADDRESS: 170 RUGBY RD CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903</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 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 type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: JULIA HOHENSTEIN TITLE: CO-CHAIR ADDRESS: 170 RUGBY RD CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903</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 checked="" 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 checked="" 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: EDWARD PARRISH TITLE: VICE CHAIR ADDRESS: 170 RUGBY RD CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903</p>	<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: EDWARD PARRISH TITLE: CO-CHAIR ADDRESS: 170 RUGBY RD CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" 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 checked="" 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: KATHERINE RHYNE TITLE: CO-CHAIR ADDRESS: 170 RUGBY ROAD CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903</p>	<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: KATHERINE RHYNE TITLE: SECRETARY ADDRESS: 170 RUGBY RD CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903</p>



2019 ANNUAL REPORT CONTINUED

CORPORATION NAME:

Madison House

DUE DATE: 12/31/19

SCC ID NO.: 0001276-5

ADDITIONAL DIRECTORS AND PRINCIPAL OFFICERS:

NAME: GIB STAUNTON

TITLE: VICE CHAIR

ADDRESS: 170 RUGBY ROAD

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903

NAME: LEIGH WEBB

TITLE: DIRECTOR

ADDRESS: 170 RUGBY ROAD

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903

NAME: SHERRI MOORE

TITLE: DIRECTOR

ADDRESS: 170 RUGBY ROAD

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903

NAME: LAURA WEIS

TITLE: DIRECTOR

ADDRESS: 170 RUGBY ROAD

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903

NAME: SUZANNE GROSSMAN

TITLE: DIRECTOR

ADDRESS: 170 RUGBY ROAD

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903

NAME: CLAIRE SCHWEIKER

TITLE: DIRECTOR

ADDRESS: 170 RUGBY ROAD

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903

NAME: JUSTINE LEE

TITLE: DIRECTOR

ADDRESS: 170 RUGBY ROAD

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903

NAME: JULIE CARUCCIO

TITLE: DIRECTOR

ADDRESS: 170 RUGBY ROAD

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903

NAME: AURORA BAYS-MUCHMORE

TITLE: DIRECTOR

ADDRESS: 170 RUGBY ROAD

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903

NAME: AVITAL BALWIT

TITLE: DIRECTOR

ADDRESS: 170 RUGBY ROAD

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903