



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

219157477--11/1/2019

219157477



- 1. CORPORATION NAME:  
ROYAL INTERNATIONAL, INC. DUE DATE: 12/31/19
- 2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR. SCC ID NO.: 0438956-5  
FERHAN C EGE  
42707 LAURIER DR  
ASHBURN, VA 20148
- 3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
153-LOUDOUN COUNTY
- 4. STATE OR COUNTRY OF INCORPORATION:  
VA-VIRGINIA
- 5. TOTAL NUMBER OF AUTHORIZED SHARES: 2,000

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: 42707 LAURIER DRIVE	ADDRESS:
CITY/ST/ZIP ASHBURN, VA 20147	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 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 type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: FERHAN CINAR EGE	NAME:
TITLE: PRESIDENT	TITLE:
ADDRESS: 42707 LAURIER DRIVE	ADDRESS:
CITY/ST/ZIP: ASHBURN, VA 20147	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

Ferhan C. Ege  
PRINTED NAME AND CORPORATE TITLE

OCT 30, 19  
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:  
ROYAL INTERNATIONAL, INC.

DUE DATE: 12/31/19  
SCC ID NO.: 0438956-5

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.

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<p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: SEBNEM EGE          TITLE: MARKETING          ADDRESS: 42707 LAURIER DRIVE          CITY/ST/ZIP: ASHBURN, VA 20147</p>	<p style="text-align: center;">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 style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>
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<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>
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<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>

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