

**2020 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 00622928  
Filing Number: 191212000000  
Filing Date/Time: 12/12/2019 11:38 AM  
Effective Date/Time: 12/12/2019 11:38 AM



1. CORPORATION NAME: MERRIFIELD IMPROVEMENT ASSOCIATION, INCORPORATED DUE DATE: 01/31/20
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR. SCC ID NO.: 0062292-8  
RALPH A. THOMPSON  
9074 LORELEIGH WAY  
FAIRFAX, VA 22031
3. CITY OR COUNTY OF VA REGISTERED OFFICE: 129-FAIRFAX COUNTY
4. STATE OR COUNTRY OF INCORPORATION: VA-VIRGINIA
5. TOTAL NUMBER OF AUTHORIZED SHARES:

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: 8104 LEE HWY PO BOX 92	ADDRESS:
CITY/ST/ZIP MERRIFIELD, VA 22116	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.

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	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
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
NAME: RICHARD KEVIN WARHURST	NAME: <i>Richard Kevin Warhurst</i>
TITLE: PRESIDENT	TITLE: <i>President</i>
ADDRESS: 13636 MELSTONE DRIVE	ADDRESS: <i>8220 Crestwood Heights Dr. Apt. 602</i>
CITY/ST/ZIP: CLIFTON, VA 20124	CITY/ST/ZIP: <i>McLean, VA 22102</i>

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

*Ralph A. Thompson*      *Ralph A. Thompson, Treasurer*      *Dec. 5, 2019*  
SIGNATURE OF DIRECTOR/OFFICER      PRINTED NAME AND CORPORATE TITLE      DATE  
LISTED IN THIS REPORT

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.

2020 ANNUAL REPORT CONTINUED

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CORPORATION NAME:  
 MERRIFIELD IMPROVEMENT ASSOCIATION, INCORPORATED

DUE DATE: 01/17/20  
 SCC ID NO.: 0062292-8

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: DEBBIE W. CAPP TITLE: VICE PRESIDENT ADDRESS: 5406 WILLOW FOREST COURT CITY/ST/ZIP: CLIFTON, VA 20124	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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"/> NAME: RALPH A THOMPSON TITLE: SEC/TREAS ADDRESS: 9074 LORELEIGH WAY CITY/ST/ZIP: FAIRFAX, VA 22031	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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