

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

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 01185495
Filing Number: 191227000000
Filing Date/Time: 12/27/2019 03:55 PM
Effective Date/Time: 12/27/2019 03:55 PM



1. CORPORATION NAME:
STANMAR CORPORATION

DUE DATE: 11/30/19

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.
STANLEY G BRYAN JR
809 S GEORGE WASHINGTON HWY
CHESAPEAKE, VA 23323

SCC ID NO.: 0118549-5

5. TOTAL NUMBER OF AUTHORIZED
SHARES: 500

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
236-CHESAPEAKE 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: 801 GEO WASH HWY SO	ADDRESS:
CITY/ST/ZIP CHESAPEAKE, VA 23323	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 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: STANLEY G BRYAN	NAME:
TITLE: PRESIDENT	TITLE:
ADDRESS: 801 GEORGE WASHINGTON HWY S	ADDRESS:
CITY/ST/ZIP: CHESAPEAKE, VA	CITY/ST/ZIP:

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

Stanley G Bryan
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

STANLEY G BRYAN PRESIDENT
PRINTED NAME AND CORPORATE TITLE

12/22/19
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.

2019 ANNUAL REPORT CONTINUED

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 State Corporation Commission
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 Filing Date/Time: 12/27/2019 03:55 PM
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CORPORATION NAME:
 STANMAR CORPORATION

DUE DATE: 1/30/19
 SCC ID NO.: 0118549-5

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.

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 checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: STANLEY G BRYAN JR TITLE: VP/DIR/ REG AGT ADDRESS: 809 GEO WASH HWY SQ CITY/ST/ZIP: CHESAPEAKE, VA 23323	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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"/> NAME: MARVOURNEEN BRYAN TITLE: SEC/TREAS ADDRESS: 801 GEORGE WASHINGTON HWY SOUTH CITY/ST/ZIP: CHESAPEAKE, VA	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: THERESA BRYAN TITLE: SEC/TREAS ADDRESS: 809 GEO. WASH. HWY SO. CITY/ST/ZIP: CHESAPEAKE, VA. 23323
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 type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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