2020 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

1. CORPORATION NAME:

   THOMAS H. NICHOLSON, III, INC.

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

   ROBERT M REED
   555 E MAIN ST STE 1400
   NORFOLK, VA 23510-0000

DUE DATE: **03/31/20**

SCC ID NO.: **0691103-6**

5. TOTAL NUMBER OF AUTHORIZED
   SHARES: 5,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

   710-NORFOLK 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:

[X] 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: 819 W LITTLE CREEK ROAD	ADDRESS:
CITY/ST/ZIP NORFOLK, VA 23505-0000	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: [X] Information is correct [ ] Information is incorrect [ ] Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: [ ] Correction [ ] Addition [ ] Replacement
OFFICER [X] DIRECTOR [X]	OFFICER [ ] DIRECTOR [ ]
NAME: THOMAS H NICHOLSON III	NAME:
TITLE: P/S/T	TITLE:
ADDRESS: 819 W LITTLE CREEK ROAD	ADDRESS:
CITY/ST/ZIP: NORFOLK, VA 23505-0000	CITY/ST/ZIP:

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

_____	Thomas H. Nicholson, III, President	2/25/20
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.