

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

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 00267328
Filing Number: 200511648741
Filing Date/Time: 05/11/2020 02:34 PM
Effective Date/Time: 05/11/2020 02:34 PM



1. CORPORATION NAME:
Colonial Virginia Council of Boy Scouts of America, Inc.
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
RICHARD B DONALDSON JR
701 TOWN CENTER DR STE 800
PO BOX 12888
NEWPORT NEWS, VA 23612-2888
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
700-NEWPORT NEWS CITY
4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia

DUE DATE: **05/31/20**

SCC ID NO.: **0026732-8**

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: 11834 CANON BLVD. SUITE L	ADDRESS:
CITY/ST/ZIP NEWPORT NEWS, VA 23606-0000	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.

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: JEFF WASSMER	NAME: <i>JEFF WASSMER</i>
TITLE: Vice President	TITLE: <i>EXEC BP MGR</i>
ADDRESS: 1 BAY PORT WAY STE 330	ADDRESS: <i>1 Bay port way STE 330</i>
CITY/ST/ZIP: NEWPORT NEWS, VA 23606-0000	CITY/ST/ZIP: <i>Newport News, VA 23606</i>

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

Clinton Hammett CEO
PRINTED NAME AND CORPORATE TITLE

5/7/20
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.

0011084



2020 ANNUAL REPORT CONTINUED

Commonwealth of Virginia
 State Corporation Commission
 Office of the Clerk
 Entity ID: 00267328
 Filing Number: 200511648741
 Filing Date/Time: 05/11/2020 02:34 PM
 Effective Date/Time: 05/11/2020 02:34 PM

CORPORATION NAME:

Colonial Virginia Council of Boy Scouts of America, Inc.

DUE DATE:

05/11/20
 SCC ID NO.: 0026732-8

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 checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: DAVID GROSE TITLE: Treasurer ADDRESS: 11834 CANON BLVD., SUITE L CITY/ST/ZIP: NEWPORT NEWS, VA 23606-0000</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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: CLINTON HAMMETT TITLE: Secretary ADDRESS: 11834 CANON BLVD, SUITE L CITY/ST/ZIP: NEWPORT NEWS, VA 23606-0000</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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: DEAN CANOVOS TITLE: EXEC BD MBR ADDRESS: 32 AMY BROOKS DRIVE CITY/ST/ZIP: NEWPORT NEWS, VA 23606-0000</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: <i>Dean Canovos</i> TITLE: <i>Exec Bd MBR</i> ADDRESS: <i>32 Amy Brooks Drive</i> CITY/ST/ZIP: <i>Newport News, VA 23606</i></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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: RICHARD B DONALDSON JR. TITLE: EXEC BD MBR ADDRESS: 701 TOWN CENTER DR STE 800 CITY/ST/ZIP: NEWPORT NEWS, VA 23606-0000</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

0011084

