2020 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 01123710
Filing Number: 200511648849
Filing Date/Time: 05/11/2020 02:43 PM
Effective Date/Time: 05/11/2020 02:43 PM

1. CORPORATION NAME:

FRANK & SHAPIRO REAL ESTATE, INCORPORATED

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR

LEONARD D FRANK 525 OYSTER POINT RD STE B NEWPORT NEWS, VA 23602-0000 DUE DATE: 06/30/20

SCC ID NO .: 0112371-0

5. TOTAL NUMBER OF AUTHORIZED

SHARES: 50,000

- 3. CITY OR COUNTY OF VA REGISTERED OFFICE: 700-NEWPORT NEWS 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:

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: 525 OYSTER POINT RD STE B	ADDRESS:
CITY/ST/ZIP NEWPORT NEWS, VA 23602-0000	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: ☐ 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 🗷 DIRECTOR 🗵	OFFICER DIRECTOR
NAME: LEONARD D FRANK	NAME:
TITLE: President	TITLE:
ADDRESS: 104 RUFFINGHAMS WAY	ADDRESS: 104 ROFFINGHAMS WAY
CITY/ST/ZIP: WILLIAMSBURG, VA 23185-0000	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 LEONARD D. /TEAN PR

PRINTED NAME AND CORPORATE TITLE

5/4/20 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 filling.

2020 ANNUAL REPORT CONTINUED

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7. Birled of the Arthur Ale of Free (continued)	
Mark appropriate box unless area below is blank: ☐ 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 F DOHERTY	NAME:
TITLE: SEC/TREAS	TITLE:
ADDRESS: 212 SEAN PAUL COURT	ADDRESS:
CITY/ST/ZIP: NEWPORT NEWS, VA 23602-0000	CITY/ST/ZIP:
Mark appropriate box unless area below is blank: ☐ 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 DIRECTOR	OFFICER DIRECTOR
NAME:	NAME:
TITLE:	TITLE:
ADDRESS:	ADDRESS:
CITY/ST/ZIP:	CITY/ST/ZIP:
Mark appropriate box unless area below is blank: Information is correct 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
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☐ Information is correct ☐ Information is incorrect ☐ Delete information	box and enter information below: Correction Addition Replacement
☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐	box and enter information below: Correction Addition Replacement OFFICER DIRECTOR
☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ NAME:	box and enter information below: Correction Addition Replacement OFFICER DIRECTOR NAME:
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☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ NAME: TITLE: ADDRESS:	DIRECTOR NAME: TITLE: ADDRESS:
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OFFICER DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank: Information is incorrect Delete information Delete information Delete information Delete information	DIRECTOR DIRECTOR NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction Addition Replacement
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