

2020 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

Commonwealth of Virginia State Corporation Commission Office of the Clerk Entity ID: 03074119 Filing Number: 200717873439 Filing Date/Time: 07/17/2020 04:33 PM Effective Date/Time: 07/17/2020 04:33 PM



1.	CORPORATION NAME
	LISA GROUPS INC.

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

JAMES R SCHROLL BEAN, KINNEY & KORMAN, P.C. 2311 WILSON BOULEVARD - SUITE 500 ARLINGTON, VA 22201-0000 DUE DATE: 07/31/20

SCC ID NO .: 0307411-9

5. .TOTAL NUMBER OF AUTHORIZED SHARES: 2,000

3.	CITY OR COUNTY O	F VA	REGISTER	ED OF	FICE
	013-ARLINGTON				

 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: P.O. BOX 1683	ADDRESS:
CITY/ST/ZIP LORTON, VA 22199-0000	CITY/ST/ZIP

7. DIRECTORS	AND PRINCIPA	AL OFFICERS:
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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: SHERRY DANA	NAME:			
TITLE: President	TITLE:			
ADDRESS: P.O. BOX 1683	ADDRESS:			
CITY/ST/ZIP: LORTON, VA 22199-0000	CITY/ST/ZIP:			

SIGNATURE OF DIRECTOR/OFFICER PRINTED NAME AND CORPORATE TITLE

DATE

DA

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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DUE DATE: 07/31/20 SCC ID NO.: 0307411-9

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DIRECTORS AND PRINCIPAL OFFICERS: (continued) Mark appropriate box unless area below to blank:	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:
Information is correct Information is tnoorrect Delete information OFFICER DIRECTOR	OFFICER DIRECTOR
NAME: LISA BAILEY TITLE: Vice President 7801 BOW LON LA. ADDRESS: 301 S. REYNOLDS ST. \$213 22315 CITY/ST/ZIP: ALEXANDRIA, VA 22564 5030	NAME: TITLE: ADDRESS: CITY/ST/ZIP: If the block to the left is blank or contains incorrect data, please mark appropriate
Mark appropriate box unless area below is blant: Information is correct Information is incorrect Delete information	box and enter information below: Correction C Addition Prepractation
OFFICER DIRECTOR	OFFICER DIRECTOR NAME:
NAME: TITLE: ADDRESS: CITY/ST/ZIP:	TITLE: ADDRESS: 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: TITLE: ADDRESS: CITY/ST/ZIP:	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: Information is correct Information is incorrect Detete 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: TITLE: ADDRESS:	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
	O111/01/20 -



CITY/ST/ZIP: