

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

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 00362632  
Filing Number: 2009171071668  
Filing Date/Time: 09/17/2020 10:37 AM  
Effective Date/Time: 09/17/2020 10:37 AM



1. CORPORATION NAME:  
ROBERT B. PAYNE, INCORPORATED
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.  
O'CONOR G. ASHBY  
315 WILLIAM STREET  
FREDERICKSBURG, VA 22401-0000
3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
630-FREDERICKSBURG CITY
4. STATE OR COUNTRY OF INCORPORATION:  
VA-Virginia

DUE DATE: 10/31/20

SCC ID NO.: 0036263-2

5. TOTAL NUMBER OF AUTHORIZED SHARES: 100

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: 1209 LAFAYETTE BLVD  CITY/ST/ZIP FREDERICKSBURG, VA 22401-0000	ADDRESS:  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 checked="" 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: ROBERT B P THOMPSON TITLE: President ADDRESS: PO BOX 627 11 CHTHAM HEIGHTS RD CITY/ST/ZIP: FREDERICKSBURG, VA 22401-0000	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>  NAME: TITLE: ADDRESS: CITY/ST/ZIP:

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

*Robert B. P. Thompson*  
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Robert B. P. Thompson, President  
PRINTED NAME AND CORPORATE TITLE

9/15/20  
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.

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**2020 ANNUAL REPORT CONTINUED**

CORPORATION NAME:  
ROBERT B. PAYNE, INCORPORATED

DUE DATE: **10/31/20**  
SCC ID NO.: **0036263-2**

**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.

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<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: R CAMERON THOMPSON III          TITLE: SECR/TREAS          ADDRESS: 13045 MITCHELL ROAD          CITY/ST/ZIP: MITCHELLS, VA 22729-0000</p>	<p align="center">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 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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>
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<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>
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<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>

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