

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

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: F2041913
Filing Number: 2010132468335
Filing Date/Time: 10/13/2020 01:36 PM
Effective Date/Time: 10/13/2020 01:36 PM



1. CORPORATION NAME:
EM2 MANAGEMENT SOLUTIONS, INC.
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ENTITY
C T CORPORATION SYSTEM
4701 Cox Rd Ste 285
Glen Allen, VA 23060-6808
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
087-HENRICO COUNTY
4. STATE OR COUNTRY OF INCORPORATION:
TX-Texas

DUE DATE: 10/31/20

SCC ID NO.: F204191-3

5. TOTAL NUMBER OF AUTHORIZED
SHARES: 100,000

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input 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: 12929 GULF FWY STE 108	ADDRESS: PO Box 1228
CITY/ST/ZIP HOUSTON, TX 77034-0000	CITY/ST/ZIP FRIENDSWOOD, TX 77549

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: JEANNE MENSINGH	NAME: JEANNE MENSINGH
TITLE: PRES, SECR	TITLE: PRES. SEC
ADDRESS: 12929 GULF FWY STE 108	ADDRESS: PO Box 1228
CITY/ST/ZIP: HOUSTON, TX 77034-0000	CITY/ST/ZIP: FRIENDSWOOD TX 77549

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

Gretchen McAuliffe
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Gretchen McAuliffe, CEO
PRINTED NAME AND CORPORATE TITLE

9/28/2020
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.

2020 ANNUAL REPORT CONTINUED

CORPORATION NAME:
EM2 MANAGEMENT SOLUTIONS, INC.

DUE DATE: **10/31/20**
SCC ID NO.: **F204191-3**

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: GRETCHEN MCAULIFFE TITLE: CEO, TREASURER ADDRESS: 12929 GULF FWY STE 108 CITY/ST/ZIP: HOUSTON, TX 77034-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: GRETCHEN MCAULIFFE TITLE: CEO TREASURER ADDRESS: PO BOX 1228 CITY/ST/ZIP: FRIENDSWOOD TX 77549</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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