

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

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 00987354
Filing Number: 2011042545286
Filing Date/Time: 11/04/2020 12:15 PM
Effective Date/Time: 11/04/2020 12:15 PM



1. CORPORATION NAME:
B & F CONTRACTING CORPORATION

DUE DATE: 12/31/20

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
LAWRENCE G CUMMING
2236 CUNNINGHAM DR
HAMPTON, VA 23666-0000

SCC ID NO.: 0098735-4

5. TOTAL NUMBER OF AUTHORIZED
SHARES: 100

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
650-HAMPTON 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:

<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: 2021 CUNNINGHAM DRIVE SUITE 100	ADDRESS:
CITY/ST/ZIP HAMPTON, VA 23666-0000	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 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 type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: PAUL A FISCELLA	NAME:
TITLE: Vice President	TITLE:
ADDRESS: 2021 CUNNINGHAM DRIVE SUITE 100	ADDRESS:
CITY/ST/ZIP: HAMPTON, VA 23666-0000	CITY/ST/ZIP:

0011658



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

Paul A. Fiscella
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

ROBERT J FISCOLLA PRES
PRINTED NAME AND CORPORATE TITLE

10/29/20
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.

2020 ANNUAL REPORT CONTINUED

CORPORATION NAME:
B & F CONTRACTING CORPORATION

DUE DATE: **12/31/20**
SCC ID NO.: **0098735-4**

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p>
<p>NAME: ROBERT J FISCELLA TITLE: P/S/T ADDRESS: 2021 CUNNINGAM DRIVE SUITE 100 CITY/ST/ZIP: HAMPTON, VA 23666-0000</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>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p>
<p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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<p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

