

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

Commonwealth of Virginia State Corporation Commission Office of the Clerk Entity ID: 04389565 Filing Number: 2011042546481 Filing Date/Time: 11/04/2020 02:44 PM

| 1. | . CORPORATION NAME: | |
|----|---------------------------|--|
| | ROYAL INTERNATIONAL, INC. | |

12/31/20 DUE DATE:

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR

SCC ID NO.: 0438956-5

FERHAN C EGE 42707 LAURIER DR ASHBURN, VA 20148-0000

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

- 3. CITY OR COUNTY OF VA REGISTERED OFFICE: 107-LOUDOUN COUNTY
- 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: 42707 LAURIER DRIVE | ADDRESS: |
| | |
| | |
| | |
| CITY/ST/ZIP ASHBURN, VA 20147-0000 | 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 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: FERHAN CINAR EGE | NAME: |
| TITLE: President | TITLE: |
| ADDRESS: 42707 LAURIER DRIVE | ADDRESS: |
| CITY/ST/ZIP: ASHBURN, VA 20147-0000 | CITY/ST/ZIP: |

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

2020 ANNUAL REPORT CONTINUED

CORPORATION NAME: ROYAL INTERNATIONAL, INC. DUE DATE: 12/31/20 SCC ID NO.: 0438956-5

All directors and principal officers must be listed.

| 7. DIRECTORS AND PRINCIPAL OFFICERS: (continued) | An individual may be designated as both a director and an officer. |
|---|--|
| Mark appropriate box unless area below is blank: | If the block to the left is blank or contains incorrect data, please mark appropriate |
| Information is correct Information is incorrect Delete information | box and enter information below: Correction Addition Replacement |
| OFFICER DIRECTOR | OFFICER DIRECTOR |
| NAME: SEBNEM EGE | NAME: |
| TITLE: MARKETING | TITLE: |
| ADDRESS: 42707 LAURIER DRIVE | ADDRESS: |
| CITY/ST/ZIP: ASHBURN, VA 20147-0000 | CITY/ST/ZIP: |
| Mark appropriate box unless area below is blank: | If the block to the left is blank or contains incorrect data, please mark appropriate |
| ☐ Information is correct ☐ Information is incorrect ☐ Delete information | 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: | If the block to the left is blank or contains incorrect data, please mark appropriate |
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| ☐ 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: CITY/ST/ZIP: Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information ☐ Delete information OFFICER ☐ DIRECTOR ☐ NAME: | OFFICER 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 OFFICER DIRECTOR NAME: |

