

2020 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

Commonwealth of Virginia State Corporation Commission Office of the Clerk Entity ID: 00734954 Filing Number: 2011232630701 Filing Date/Time: 11/23/2020 11:31 AM

CORPORATION NAME:	
PHILIP RICHARDSON COMPANY	INC

DUE DATE: 12/31/20

SCC ID NO .: 0073495-4

VERNON M GEDDY III 1177 JAMESTOWN RD WILLIAMSBURG, VA 23185-0000

5. TOTAL NUMBER OF AUTHORIZED SHARES: 20,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE: 830-WILLIAMSBURG CITY (FILED I

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

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: 501 Prince George St Ste 306	ADDRESS:
	9
	*
CITY/ST/ZIP Williamsburg, VA 23185-3665	CITY/ST/ZIP

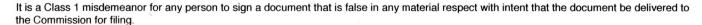
7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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:
TITLE:
ADDRESS: P.O. BOX 3661
CITY/ST/ZIP: Williamsburg, VA 23187

I 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:

PHILIP RICHARDSON COMPANY, INC.

DUE DATE: 12/31/20

SCC ID NO.: 0073495-4

7.	DIRECTORS AND	PRINCIPAL	OFFICERS :	(continued)

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	box and enter information below:
OFFICER X DIRECTOR X	OFFICER DIRECTOR
NAME: SALLY R. PORUSH	NAME:
TITLE: Vice President	TITLE:
ADDRESS: 507 ALHAMBRA ROAD	ADDRESS:
CITY/ST/ZIP: SAN MATEO, CA 94402-0000	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 box and enter information below:
☐ Information is correct ☐ Information is incorrect ☐ Delete information	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
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
	box and enter information below
☐ Information is correct ☐ Information is incorrect ☐ Delete information	box and enter information below:
☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐	box and enter information below:
☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ NAME:	box and enter information below:
☐ Information is correct ☐ Information is incorrect ☐ Delete information OFFICER ☐ DIRECTOR ☐ NAME: TITLE:	box and enter information below: Correction Addition Replacement OFFICER DIRECTOR NAME: TITLE:
□ Information is correct □ Information is incorrect □ Delete information OFFICER □ DIRECTOR □ NAME: TITLE: ADDRESS:	DIRECTOR NAME: TITLE: ADDRESS:
□ Information is correct □ Information is incorrect □ Delete information OFFICER □ DIRECTOR □ NAME: TITLE: ADDRESS: CITY/ST/ZIP: Mark appropriate box unless area below is blank:	DIRECTOR 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:
□ 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: 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
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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:	DIRECTOR 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 DIREC

