

**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
Effective Date/Time: 11/23/2020 11:31 AM



1. CORPORATION NAME:
PHILIP RICHARDSON COMPANY, INC. DUE DATE: 12/31/20
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY. SCC ID NO.: 0073495-4
VERNON M GEDDY III
1177 JAMESTOWN RD
WILLIAMSBURG, VA 23185-0000
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
830-WILLIAMSBURG CITY (FILED I)
4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia
5. TOTAL NUMBER OF AUTHORIZED SHARES: 20,000

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

6. PRINCIPAL OFFICE ADDRESS:

<input 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: 501 Prince George St Ste 306 CITY/ST/ZIP Williamsburg, VA 23185-3665	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 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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: P. Whitfield Richardson TITLE: President ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> 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

PRINTED NAME AND CORPORATE TITLE

11/20/2020
DATE

0007836



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)

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<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: SALLY R. PORUSH TITLE: Vice President ADDRESS: 507 ALHAMBRA ROAD CITY/ST/ZIP: SAN MATEO, CA 94402-0000</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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