

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

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 02804136  
Filing Number: 2012072665429  
Filing Date/Time: 12/07/2020 10:53 AM  
Effective Date/Time: 12/07/2020 10:53 AM



1. CORPORATION NAME:  
WILLIAM W. WALLS EXCAVATING, INC.

DUE DATE: 12/31/20

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR  
WILLIAM W WALLS  
1305 POOR HOUSE RD  
MADISON, VA 22727-0000

SCC ID NO.: 0280413-6

5. TOTAL NUMBER OF AUTHORIZED  
SHARES: 1,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
113-MADISON 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:

<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: 1305 POORHOUSE RD	ADDRESS:
CITY/ST/ZIP MADISON, VA 22727-0000	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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: WILLIAM W WALLS	NAME:
TITLE: President	TITLE:
ADDRESS: 1305 POORHOUSE RD	ADDRESS:
CITY/ST/ZIP: MADISON, VA 22727-0000	CITY/ST/ZIP:

0008028



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

*William W. Walls*      Anna W. Walls      12.04.20  
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT      PRINTED NAME AND CORPORATE TITLE      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:  
WILLIAM W. WALLS EXCAVATING, INC.

DUE DATE: **12/31/20**  
SCC ID NO.: **0280413-6**

**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: ANNA M WALLS          TITLE: Secretary          ADDRESS: 1305 POORHOUSE RD          CITY/ST/ZIP: MADISON, VA 22727-0000</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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<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>

