

**2021 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 00622928
Filing Number: 2012212704971
Filing Date/Time: 12/21/2020 02:36 PM
Effective Date/Time: 12/21/2020 02:36 PM



1. CORPORATION NAME:
MERRIFIELD IMPROVEMENT ASSOCIATION, INCORPORATED
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR
RALPH A. THOMPSON
9074 LORELEIGH WAY
FAIRFAX, VA 22031-0000
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
059-FAIRFAX COUNTY
4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia

DUE DATE: **01/31/21**

SCC ID NO.: **0062292-8**

5. TOTAL NUMBER OF AUTHORIZED SHARES:

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: PO Box 92 8104 Lee Hwy	ADDRESS:
CITY/ST/ZIP Merrifield, VA 22116-0092	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: RICHARD KEVIN WARHURST	NAME:
TITLE: President	TITLE:
ADDRESS: 8220 CRESTWOOD HEIGHTS DR APT 602	ADDRESS:
CITY/ST/ZIP: Mclean, VA 22102-0000	CITY/ST/ZIP:

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

Ralph A. Thompson
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Ralph A. Thompson, Sec/Treas
PRINTED NAME AND CORPORATE TITLE

Dec. 16, 2020
DATE

2021 ANNUAL REPORT CONTINUED

CORPORATION NAME:
MERRIFIELD IMPROVEMENT ASSOCIATION, INCORPORATED

DUE DATE: **01/31/21**
SCC ID NO.: **0062292-8**

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.
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<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: DEBBIE W. CAPP TITLE: Vice President ADDRESS: 5406 WILLOW FOREST COURT CITY/ST/ZIP: CLIFTON, VA 20124-0000</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 checked="" 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 checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: RALPH A THOMPSON TITLE: SEC/TREAS ADDRESS: 9074 LORELEIGH WAY CITY/ST/ZIP: FAIRFAX, VA 22031-0000</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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