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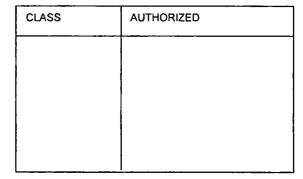
CORPORATION NAME
 THE LOVE QUILT PROJECT, INC.

DUE DATE:

SCC ID NO.: 0776907-8

2. VA REGISTERED AGENT NAME AND ADDRESS: ATTORNEY.

BRUCE O JOLLY JR 4250 N GLEBE RD ARLINGTON VA 22207 5. STOCK INFORMATION:



3. CITY OR COUNTY OF VA REGISTERED OFFICE: 106 - ARLINGTON 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.

REINSTATE

## 6. PRINCIPAL OFFICE ADDRESS:

☐ Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below.
ADDRESS:	ADDRESS: 4250 N. GIEBE ROAD
CITY/ST/ZIP:	CITY/ST/ZIP: ARLINGTON VA 22207

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 information at lower left is incorrect or blank, please mark appropriate box and enter information below: 🗷 Correction 🔲 Addition 💮 Replacement
officer & directork  NAME: Gretchen Ginnerty
NAME: aretchen Ginnerty
TITLE: President
ADDRESS: 4250 N. GLEBEROAD
CITY/ST/ZIP: ARLING TON UA

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 TITLE

10 19/15 DATE

Director

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.

CORPORATE NAME:

THE LOVE QUILT PROJECT, INC.

DUE DATE:

SCC ID NO.: 0776907-8

## 7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

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  Information is incorrect  Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: ☐ Correction ☑ Addition ☐ Replacement
OFFICER DIRECTOR X NAME: BRUCE O JOLLY, JR	NAME: Bruce O. Jolly, Jr.
TITLE: DIRECTOR	TITLE: Director
ADDRESS: NONE LISTED	ADDRESS: 4250 N.GLEBE 20AD
CITY/ST/ZIP: * VA 99999	CITY/ST/ZIP: ArlingTon VA 22207
Mark appropriate box unless area below is blank:  `information is correct □ Information is incorrect □ Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: ☐ Correction ☐ Addition ☐ Replacement
OFFICER DIRECTOR X NAME: WILLIAM MONTGOMERY	OFFICER DIRECTOR NAME: William Montgomery
TITLE: DIRECTOR	TITLE: Treasurer Secretary
ADDRESS: NONE LISTED	ADDRESS: Y 250 N GLEBE RUAD
CITY/ST/ZIP: * <b>VA 99999</b>	CITY/ST/ZIP: ARLINGTON VIA 22207
Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: ☐ Correction ☐ Addition ☐ Replacement
□ Information is correct □ Information is incorrect □ Delete Information  OFFICER □ DIRECTOR □	and enter information below: ☐ Correction ☐ Addition ☐ Replacement  OFFICER ☐ DIRECTOR ☐
□ Information is correct □ Information is incorrect □ Delete Information  OFFICER □ DIRECTOR □  NAME:	and enter information below: Correction Addition Replacement  OFFICER DIRECTOR  NAME:
□ Information is correct □ Information is incorrect □ Delete Information  OFFICER □ DIRECTOR □  NAME:  TITLE:	and enter information below: Correction Addition Replacement  OFFICER DIRECTOR  NAME:  TITLE:
□ Information is correct □ Information is incorrect □ Delete Information  OFFICER □ DIRECTOR □  NAME:  TITLE:  ADDRESS:	and enter information below: Correction Addition Replacement  OFFICER DIRECTOR  NAME:  TITLE:  ADDRESS:
□ Information is correct □ Information is incorrect □ Delete Information  OFFICER □ DIRECTOR □  NAME:  TITLE:  ADDRESS:	and enter information below: Correction Addition Replacement  OFFICER 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:	and enter information below:   OFFICER DIRECTOR NAME:  TITLE:  ADDRESS:  CITY/ST/ZIP:  If information at lower left is incorrect or blank, please mark appropriate box
□ 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 is incorrect □ Delete Information  OFFICER □ DIRECTOR □	and enter information below:   OFFICER DIRECTOR NAME:  TITLE:  ADDRESS:  CITY/ST/ZIP:  If information at lower left is incorrect or blank, please mark appropriate box and enter information below:   OFFICER DIRECTOR   OFFICER DIRECTOR
□ 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 is incorrect □ Delete Information  OFFICER □ DIRECTOR □  NAME:	and enter information below:   OFFICER DIRECTOR  NAME:  TITLE:  ADDRESS:  CITY/ST/ZIP:  If information at lower left is incorrect or blank, please mark appropriate box and enter information below:   OFFICER DIRECTOR  NAME:
□ 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 is incorrect □ Delete Information  OFFICER □ DIRECTOR □  NAME:  TITLE:	and enter information below: Correction Addition Replacement  OFFICER DIRECTOR  NAME:  TITLE:  ADDRESS:  CITY/ST/ZIP:  If information at lower left is incorrect or blank, please mark appropriate box and enter information below: Correction Addition Replacement  OFFICER DIRECTOR  NAME:  TITLE:
OFFICER ☐ DIRECTOR ☐  NAME:  TITLE:  ADDRESS:  CITY/ST/ZIP:  Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete Information  OFFICER ☐ DIRECTOR ☐  NAME: ☐ Information is correct ☐ Information is incorrect ☐ Delete Information  NAME:  TITLE:  ADDRESS:	and enter information below: Correction Addition Replacement  OFFICER DIRECTOR  NAME:  TITLE:  ADDRESS:  CITY/ST/ZIP:  If information at lower left is incorrect or blank, please mark appropriate box and enter information below: Correction Addition Replacement  OFFICER DIRECTOR  NAME:  TITLE:  ADDRESS:



## 2016 ANNUAL REPORT **COMMONWEALTH OF VIRGINIA** STATE CORPORATION COMMISSION



216010028--10/26/201



REINSTATE 04

1. CORPORATION NAME THE LOVE QUILT PROJECT, INC. **DUE DATE:** 

SCC ID NO .: 0776907-8

2. VA REGISTERED AGENT NAME AND ADDRESS: ATTORNEY.

BRUCE O JOLLY JR 4250 N GLEBE RD **ARLINGTON VA 22207**  5. STOCK INFORMATION:

CLASS	AUTHORIZED

3. CITY OR COUNTY OF VA REGISTERED OFFICE: 106 - ARLINGTON 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 address is blank or incorrect, add or correct below.
ADDRESS:	ADDRESS: 4250 N. GIEBE ROAD
CITY/ST/ZIP:	CITY/ST/ZIP: ARLINGTON VA 22207

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 ☐ Information is incorrect ☐ Delete information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: 🗵 Correction 🔲 Addition 💮 Replacement
OFFICER DIRECTOR X	OFFICER ☒ DIRECTORズ
NAME: GRETCHEN GINNERTY	NAME: Gretchen Ginnerty
TITLE: DIRECTOR	TITLE: President
ADDRESS: NONE LISTED	ADDRESS: 4250 N. GLEBEROAD
CITY/ST/ZIP: * VA 99999	CITY/ST/ZIP: ARLING TON UA

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

Director

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.

CORPORATE NAME:

THE LOVE QUILT PROJECT, INC.

DUE DATE:

SCC ID NO.: 0776907-8

## 7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

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 ☐ Information is incorrect ☐ Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: ☐ Correction ☑ Addition ☐ Replacement
OFFICER DIRECTOR X NAME: BRUCE O JOLLY, JR	NAME: Bruce O. Jolly, Jr.
TITLE: DIRECTOR	TITLE: Director
ADDRESS: NONE LISTED	ADDRESS: 4250 N.GLEBE 20AD
CITY/ST/ZIP: * VA 99999	CITYISTIZIP: ArlingTon VA 22207
Mark appropriate box unless area below is blank:  `information is correct □ Information is incorrect □ Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below:   Correction   Addition   Replacement
OFFICER DIRECTOR X NAME: WILLIAM MONTGOMERY	NAME: William Montgomery
TITLE: DIRECTOR	ADDRESS: Y 250 N G LEBE ROAD
ADDRESS: NONE LISTED	
CITY/ST/ZIP: * <b>VA</b> 99999	CITYISTIZIP: ARLINGTON VIA 22207
Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: ☐ Correction ☐ Addition ☐ Replacement
☐ Information is correct ☐ Information is incorrect ☐ Delete Information ☐ OFFICER ☐ DIRECTOR ☐	and enter information below: Correction Addition Replacement  OFFICER DIRECTOR
□ Information is correct □ Information is incorrect □ Delete Information  OFFICER □ DIRECTOR □  NAME:	and enter information below: Correction Addition Replacement  OFFICER DIRECTOR  NAME:
☐ Information is correct ☐ Information is incorrect ☐ Delete Information  OFFICER ☐ DIRECTOR ☐  NAME:  TITLE:	and enter information below: Correction Addition Replacement  OFFICER DIRECTOR  NAME:  TITLE:
☐ Information is correct ☐ Information is incorrect ☐ Delete Information  OFFICER ☐ DIRECTOR ☐  NAME:  TITLE:  ADDRESS:	and enter information below: Correction Addition Replacement  OFFICER DIRECTOR  NAME:  TITLE:  ADDRESS:
☐ Information is correct ☐ Information is incorrect ☐ Delete Information  OFFICER ☐ DIRECTOR ☐  NAME:  TITLE:  ADDRESS:	and enter information below: Correction Addition Replacement  OFFICER 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:	and enter information below: Correction Addition Replacement  OFFICER DIRECTOR  NAME:  TITLE:  ADDRESS:  CITY/ST/ZIP:  If information at lower left is incorrect or blank, please mark appropriate box
□ 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 □	and enter information below:   OFFICER DIRECTOR NAME:  TITLE:  ADDRESS:  CITY/ST/ZIP:  If information at lower left is incorrect or blank, please mark appropriate box and enter information below:   OFFICER DIRECTOR   OFFICER DIRECTOR   OFFICER DIRECTOR   OFFICER DIRECTOR
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 ☐  Delete Information	and enter information below:   OFFICER DIRECTOR NAME:  TITLE:  ADDRESS:  CITY/ST/ZIP:  If information at lower left is incorrect or blank, please mark appropriate box and enter information below:   OFFICER DIRECTOR NAME:  NAME:
□ 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 is incorrect □ Delete Information  OFFICER □ DIRECTOR □  NAME:  TITLE:	and enter information below: Correction Addition Replacement  OFFICER DIRECTOR  NAME:  TITLE:  ADDRESS:  CITY/ST/ZIP:  If information at lower left is incorrect or blank, please mark appropriate box and enter information below: Correction Addition Replacement  OFFICER DIRECTOR  NAME:  TITLE:



## 2017 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION



CORPORATION NAME:     THE LOVE QUILT PROJECT, INC.		DUE DATE: <b>04</b> /	30/17		
	SSS ATTV	SCC ID NO.: 0776907-8			
<ol> <li>VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.</li> <li>BRUCE O JOLLY JR</li> <li>4250 N GLEBE RD</li> <li>ARLINGTON, VA 22207</li> </ol>		5. STOCK INFORMATION			
		CLASS	AUTHORIZED		
3. CITY OR COUNTY OF VA REGISTERED OFFICE: 106-ARLINGTON COUNTY					
4. STATE OR COUNTRY OF INCORPORATION: VA-VIRGINIA		de vitas de diskultigis. En et se bribalogisk a	n de station al de Maria estationes al de		
DO NOT ATTEMPT TO ALTER THE INFORMATION ABOUT IN BLACK ONLY.	OVE. Carefully re	ad the enclosed ins	tructions. Type or		
6. PRINCIPAL OFFICE ADDRESS:					
Mark this box if address shown below is correct	If the block to the left address below.	is blank or contains incorrect	data please add or correct the		
ADDRESS: 4250 N GLEBE RD	ADDRESS:				
CITY/ST/ZIP ARLINGTON, VA 22207	CITY/ST/ZIP				
	tors and principal officer	s must be listed. If as both a director and an	officer.		
Mark appropriate box unless area below is blank:  ☐ Information is correct ☐ Information is incorrect ☐ Delete information	If the block to the left is box and enter information	blank or contains incorrect daton below:	ta, please mark appropriate		
OFFICER X DIRECTOR X		OFFICER	☐ DIRECTOR ☐		
NAME: GRETCHEN GINNERTY	NAME:				
TITLE: PRESIDENT	TITLE:				
ADDRESS: 4250 N GLEBE ROAD	ADDRESS:				
CITY/ST/ZIP: ARLINGTON, VA 22207	CITY/ST/ZIP:				
I affirm that the information contained in this report is accura	ate and complete a	s of the date below.			
William M	lontgomery, Vic	e President	13 June 2017		
	NAME AND CORPO		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 filling.

## **2017 ANNUAL REPORT CONTINUED**

**CORPORATION NAME:** 

THE LOVE QUILT PROJECT, INC.

DUE DATE: **04/30/17** 

SCC ID NO .: 0776907-8

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:  ☐ 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 DIRECTOR	OFFICER   DIRECTOR
NAME: WILLIAM MONTGOMERY	NAME:
TITLE: T/S	TITLE: Vice President
ADDRESS: 4250 N GLEBE ROAD	ADDRESS:
CITY/ST/ZIP: ARLINGTON, VA 22207	CITY/ST/ZIP:
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
OFFICER   DIRECTOR	OFFICER DIRECTOR D
NAME: BRUCE O JOLLY JR	NAME: Jennifer Thorp
TITLE: DIRECTOR	TITLE: Secretary
ADDRESS: 4250 N GLEBE ROAD	ADDRESS: 4250 N. Glebe Road
CITY/ST/ZIP: ARLINGTON, VA 22207	CITY/ST/ZIP: Arlington, VA 22207
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
	box and enter information below:
☐ Information is correct ☐ Delete information	box and enter information below: ☐ Correction 【 Addition ☐ Replacement
☐ Information is correct ☐ Information is incorrect ☐ Delete information  OFFICER ☐ DIRECTOR ☐	box and enter information below:  Correction Addition Replacement  OFFICER DIRECTOR
☐ Information is correct ☐ Information is incorrect ☐ Delete information  OFFICER ☐ DIRECTOR ☐  NAME:	box and enter information below: Correction X Addition Replacement  OFFICER DIRECTOR X  NAME: Michael Purcell
☐ Information is correct ☐ Information is incorrect ☐ Delete information  OFFICER ☐ DIRECTOR ☐  NAME:  TITLE:	DIRECTOR NAME: Michael Purcell  TITLE: Director
☐ Information is correct ☐ Information is incorrect ☐ Delete information  OFFICER ☐ DIRECTOR ☐  NAME:  TITLE:  ADDRESS:	DIRECTOR NAME: Michael Purcell TITLE: Director ADDRESS: 4250 N. Glebe Road
☐ 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 NAME: Michael Purcell TITLE: Director ADDRESS: 4250 N. Glebe Road CITY/ST/ZIP: Arlington, VA 22207  If the block to the left is blank or contains incorrect data, please mark appropriate boy 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 □ Delete information	DIRECTOR   NAME: Michael Purcell  TITLE: Director  ADDRESS: 4250 N. Glebe Road  CITY/ST/ZIP: Arlington, VA 22207  If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:   Correction   Addition □ Replacement
□ 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 □ Delete information  OFFICER □ DIRECTOR □	DIRECTOR ☐ DIRECTOR ☐ NAME: Michael Purcell  TITLE: Director  ADDRESS: 4250 N. Glebe Road  CITY/ST/ZIP: Arlington, VA 22207  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 ☐
□ 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 □ Delete information  OFFICER □ DIRECTOR □  NAME:	DIRECTOR ☐ DIRECTOR ☐ NAME: Michael Purcell  TITLE: Director  ADDRESS: 4250 N. Glebe Road  CITY/ST/ZIP: Arlington, VA 22207  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: Kevin Ginnerty



# 2018 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

## **REINSTATE**

04



Ļ				
CORPORATION NAME     THE LOVE QUILT PROJECT, INC.		DUE DATE: SCC ID NO.: 07	776907-8	
2. VA REGISTERED AGENT NAME AND ADDRESS: ATTORNEY.		5. STOCK INFO		
BRUCE O JOLLY JR 4250 N GLEBE RD ARLINGTON VA 22207		CLASS	AUTHORIZED	)
CITY OR COUNTY OF VA REGISTERED OFFICE:     106 - ARLINGTON COUNTY				
4. STATE OR COUNTRY OF INCORPORATION: VA - VIRGINIA				
DO NOT ATTEMPT TO ALTER THE INFORMATION ABOV black only.	E. Carefully	read the encl	osed instructions	s. Type or print in
6. PRINCIPAL OFFICE ADDRESS:				
☐ Mark this box if address shown below is correct	If addre	ss is blank or ir	ncorrect, add or	correct below.
ADDRESS: 4250 N GLEBE RD	ADDR	ESS:		
CITY/ST/ZIP: ARLINGTON VA 22207	CITY/S	ST/ZIP:		
		ipal officers must b designated as bot	e listed. h a director and an c	fficer.
Mark appropriate box unless area below is blank:  ☐ Information is correct ☐ Information is incorrect ☐ Delete information				se mark appropriate box
OFFICER X DIRECTOR X NAME: GRETCHEN GINNERTY	NAME	:	OFFICER	DIRECTOR
TITLE: PRESIDENT	TITLE:			
ADDRESS: 4250 N GLEBE ROAD	ADDR	ESS:		
CITY/ST/ZIP: ARLINGTON VA 22207	CITY/S	ST/ZIP:		
I affirm that the information contained in this report is ac		·		
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	M Montgo PRINTED NAME	MERY, VICE F	resident 23	December 2017

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.

## 2018 ANNUAL REPORT CONTINUED

7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

CORPORATE NAME:

THE LOVE QUILT PROJECT, INC.

DUE DATE:

SCC ID NO.: 0776907-8

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 ☐ Information is incorrect ☐ Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: ☑ Correction ☐ Addition ☐ Replacement
OFFICER X DIRECTOR X NAME: WILLIAM MONTGOMERY	OFFICER DIRECTOR NAME:
TITLE: T/S	TITLE: Vice President
ADDRESS: 4250 N GLEBE ROAD	ADDRESS:
CITY/ST/ZIP: ARLINGTON VA 22207	CITY/ST/ZIP:
Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: ☐ Correction ☐ Addition ☒ Replacement
OFFICER DIRECTOR X  NAME: BRUCE O JOLLY JR	OFFICER DIRECTOR X
TITLE: DIRECTOR	TITLE: Secretary
ADDRESS: 4250 N GLEBE ROAD	ADDRESS: 4250 N. Glebe Road
CITY/ST/ZIP: ARLINGTON VA 22207	CITY/ST/ZIP: Arlington, VA 22207
Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: ☐ Correction ☒ Addition ☐ Replacement
· _ · · ·	
☐ Information is correct ☐ Information is incorrect ☐ Delete Information ☐ OFFICER ☐ DIRECTOR ☐	and enter information below: ☐ Correction ☒ Addition ☐ Replacement  OFFICER ☐ DIRECTOR ☒
□ Information is correct □ Information is incorrect □ Delete Information  OFFICER □ DIRECTOR □  NAME:	and enter information below: ☐ Correction ☒ Addition ☐ Replacement  OFFICER ☐ DIRECTOR ☒  NAME: Susan Bentley
OFFICER DIRECTOR NAME:	and enter information below: ☐ Correction ☒ Addition ☐ Replacement  OFFICER ☐ DIRECTOR ☒  NAME: Susan Bentley  TITLE: Director
OFFICER DIRECTOR ADDRESS:	and enter information below: ☐ Correction ☒ Addition ☐ Replacement  OFFICER ☐ DIRECTOR ☒  NAME: Susan Bentley  TITLE: Director  ADDRESS: 4250 N. Glebe Road
OFFICER DIRECTOR ADDRESS:	and enter information below: ☐ Correction ☒ Addition ☐ Replacement  OFFICER ☐ DIRECTOR ☒  NAME: Susan Bentley  TITLE: Director  ADDRESS: 4250 N. Glebe Road
OFFICER DIRECTOR  NAME:  TITLE:  ADDRESS:  CITY/ST/ZIP:  Mark appropriate box unless area below is blank:	and enter information below: ☐ Correction ☒ Addition ☐ Replacement  OFFICER ☐ DIRECTOR ☒  NAME: Susan Bentley  TITLE: Director  ADDRESS: 4250 N. Glebe Road  CITY/ST/ZIP: Arlington, VA 22207  If information at lower left is incorrect or blank, please mark appropriate box and enter information below: ☐ Correction ☒ Addition ☐ Replacement  OFFICER ☐ DIRECTOR ☒
OFFICER DIRECTOR  NAME:  TITLE:  ADDRESS:  CITY/ST/ZIP:  Mark appropriate box unless area below is blank:  Information is correct Information is incorrect Delete Information  OFFICER DIRECTOR  OFFICER DIRECTOR  OFFICER DIRECTOR	and enter information below: ☐ Correction ☒ Addition ☐ Replacement  OFFICER ☐ DIRECTOR ☒  NAME: Susan Bentley  TITLE: Director  ADDRESS: 4250 N. Glebe Road  CITY/ST/ZIP: Arlington, VA 22207  If information at lower left is incorrect or blank, please mark appropriate box and enter information below: ☐ Correction ☒ Addition ☐ Replacement
□ 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:	and enter information below: ☐ Correction ☒ Addition ☐ Replacement  OFFICER ☐ DIRECTOR ☒  NAME: Susan Bentley  TITLE: Director  ADDRESS: 4250 N. Glebe Road  CITY/ST/ZIP: Arlington, VA 22207  If information at lower left is incorrect or blank, please mark appropriate box and enter information below: ☐ Correction ☒ Addition ☐ Replacement  OFFICER ☐ DIRECTOR ☒  NAME: Craig Phillips
□ 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 is incorrect □ Delete Information  OFFICER □ DIRECTOR □  NAME:  TITLE:	and enter information below: ☐ Correction ☒ Addition ☐ Replacement  OFFICER ☐ DIRECTOR ☒  NAME: Susan Bentley  TITLE: Director  ADDRESS: 4250 N. Glebe Road  CITY/ST/ZIP: Arlington, VA 22207  If information at lower left is incorrect or blank, please mark appropriate box and enter information below: ☐ Correction ☒ Addition ☐ Replacement  OFFICER ☐ DIRECTOR ☒  NAME: Craig Phillips  TITLE: Director

## 2018 ANNUAL REPORT CONTINUED

CORPORATE NAME: THE LOVE QUILT PROJECT, INC. DUE DATE:

SCC ID NO.: 0776907-8

## 7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

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 ☐ Information is incorrect ☐ Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: ☐ Correction
OFFICER DIRECTOR NAME:	OFFICER DIRECTOR NAME: Kevin Ginnerty
TITLE:	TITLE: Treasurer
ADDRESS:	ADDRESS: 4250 N. Glebe Road
CITY/ST/ZIP:	CITY/ST/ZIP: Arlington, VA 22207
Mark appropriate box unless area below is blank: □ Information is correct □ Information is incorrect □ Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below:   Correction  Addition  Replacement
OFFICER DIRECTOR NAME:	OFFICER DIRECTOR NAME:
TITLE:	TITLE:
70074509	New York Control of the Control of t
ADDRESS:	ADDRESS:
CITY/ST/ZIP:	CITY/ST/ZIP:
Mark appropriate box unless area below is blank:	If information at lower left is incorrect or blank, please mark appropriate box
☐ Information is correct ☐ Information is incorrect ☐ Delete Information	and enter information below:  Correction Addition Replacement
OFFICER DIRECTOR NAME:	OFFICER DIRECTOR NAME:
TITLE:	TITLE:
ADDRESS:	ADDRESS:
CITY/ST/ZIP:	CITY/ST/ZIP:
Mark appropriate box unless area below is blank:  ☐ Information is correct ☐ Information is incorrect ☐ Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below:
OFFICER DIRECTOR	OFFICER DIRECTOR
NAME:	NAME:
TITLE:	TITLE:
ADDRESS:	ADDRESS:
CITY/ST/ZIP:	CITY/ST/ZIP:

SCC eFile	SCC eFile 2019 ANNUAL REPORT 219523840 COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION			
1.) CORPORATION NAME:			DUE DATE: 4	I/30/2019
THE LOVE QUILT PROJECT, II	NC.			
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS BRUCE O JOLLY JR 4250 N GLEBE RD ARLINGTON, VA			SCC ID NO: 0	07769078
			5.) STOCK IN	IFORMATION AUTHORIZED
3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  ARLINGTON COUNTY  4.) STATE OR COUNTRY OF INCORPORATION:				
VÁ				
6.) PRINCIPAL OFFICE ADDRESS:				
ADDRESS: 4250 N	GLEBE RD			
CITY/ST/ZIP: ARLINGTON, VA 22207				
7.) DIRECTORS AND PRINCIPAL C	OFFICERS: All directors ar may be design	nd principal nated as bo	officers must be th a director and	e listed. An individual I an officer.
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GRETCHEN GINNERTY PRESIDENT 4250 N GLEBE ROAD ARLINGTON, VA 22207	X OFFIC	CER	X DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM MONTGOMERY VICE PRESIDENT 4250 N GLEBE ROAD ARLINGTON, VA 22207	X OFFIC	CER	X DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIFER THORP SECRETARY 4250 N GLEBE ROAD ARLINGTON, VA 22207	X OFFIC	CER	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN BENTLEY DIRECTOR 4250 N GLEBE ROAD ARLINGTON, VA 22207	OFFIC	CER	x DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG PHILLIPS DIRECTOR 4250 N GLEBE ROAD ARLINGTON, VA 22207	OFFIC		X DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.				
/s/ WILLIAM MONTGOMERY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORE	PORATE		DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing				