

2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215174282--10/1/2015

215174282

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:

<input type="checkbox"/> Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below.
ADDRESS:	ADDRESS: 4250 N. GLEBE 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: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: GRETCHEN GINNERTY TITLE: DIRECTOR ADDRESS: NONE LISTED CITY/ST/ZIP: * VA 99999	NAME: Gretchen Ginnerty TITLE: President ADDRESS: 4250 N. GLEBE ROAD CITY/ST/ZIP: ARLINGTON VA 22207

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

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.

CISEMM

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.

<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>NAME: BRUCE O JOLLY, JR OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>TITLE: DIRECTOR</p> <p>ADDRESS: NONE LISTED</p> <p>CITY/ST/ZIP: * VA 99999</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p>NAME: Bruce O. Jolly, Jr. OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>TITLE: Director</p> <p>ADDRESS: 4250 N. GLEBE ROAD</p> <p>CITY/ST/ZIP: ARLINGTON VA 22207</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>NAME: WILLIAM MONTGOMERY OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>TITLE: DIRECTOR</p> <p>ADDRESS: NONE LISTED</p> <p>CITY/ST/ZIP: * VA 99999</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p>NAME: William Montgomery OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>TITLE: Treasurer/Secretary</p> <p>ADDRESS: 4250 N GLEBE ROAD</p> <p>CITY/ST/ZIP: ARLINGTON VA 22207</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>NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p>NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE:</p> <p>ADDRESS:</p> <p>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>NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p>NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>

2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

216010028--10/26/201

216010028

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

10-26-15
UFS

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

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below.
ADDRESS:	ADDRESS: 4250 N. GLEBE 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: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: GRETCHEN GINNERTY TITLE: DIRECTOR ADDRESS: NONE LISTED CITY/ST/ZIP: * VA 99999	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: Gretchen Ginnerty TITLE: President ADDRESS: 4250 N. GLEBE ROAD CITY/ST/ZIP: ARLINGTON VA 22207

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

Bruce O Jolly Jr.
PRINTED NAME AND TITLE
Director

10/19/15
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.

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2016 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.

<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>NAME: BRUCE O JOLLY, JR OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>TITLE: DIRECTOR</p> <p>ADDRESS: NONE LISTED</p> <p>CITY/ST/ZIP: * VA 99999</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p>NAME: Bruce O. Jolly, Jr. OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>TITLE: Director</p> <p>ADDRESS: 4250 N. GLEBE ROAD</p> <p>CITY/ST/ZIP: ARLINGTON VA 22207</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>NAME: WILLIAM MONTGOMERY OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>TITLE: DIRECTOR</p> <p>ADDRESS: NONE LISTED</p> <p>CITY/ST/ZIP: * VA 99999</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p>NAME: William Montgomery OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>TITLE: Treasurer/Secretary</p> <p>ADDRESS: 4250 N GLEBE ROAD</p> <p>CITY/ST/ZIP: ARLINGTON VA 22207</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>NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p>NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE:</p> <p>ADDRESS:</p> <p>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>NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p>NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>

**2017 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**



1. CORPORATION NAME:

THE LOVE QUILT PROJECT, INC.

DUE DATE: 04/30/17

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

BRUCE O JOLLY JR
4250 N GLEBE RD
ARLINGTON, VA 22207

SCC ID NO.: 0776907-8

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:

<input 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: 4250 N GLEBE RD	ADDRESS:
CITY/ST/ZIP ARLINGTON, VA 22207	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.

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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 type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: GRETCHEN GINNERTY TITLE: PRESIDENT ADDRESS: 4250 N GLEBE ROAD CITY/ST/ZIP: ARLINGTON, VA 22207	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

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

William Montgomery, Vice President

PRINTED NAME AND CORPORATE TITLE

13 June 2017

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.

2017 ANNUAL REPORT CONTINUED

CORPORATION NAME:
THE LOVE QUILT PROJECT, INC.

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

<p>Mark appropriate box unless area below is blank:</p> <p><input type="checkbox"/> Information is correct <input checked="" 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 checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: WILLIAM MONTGOMERY</p> <p>TITLE: T/S</p> <p>ADDRESS: 4250 N GLEBE ROAD</p> <p>CITY/ST/ZIP: ARLINGTON, VA 22207</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:</p> <p>TITLE: Vice President</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:</p> <p><input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" 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 checked="" type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: BRUCE O JOLLY JR</p> <p>TITLE: DIRECTOR</p> <p>ADDRESS: 4250 N GLEBE ROAD</p> <p>CITY/ST/ZIP: ARLINGTON, VA 22207</p>	<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Jennifer Thorp</p> <p>TITLE: Secretary</p> <p>ADDRESS: 4250 N. Glebe Road</p> <p>CITY/ST/ZIP: Arlington, VA 22207</p>
<p>Mark appropriate box unless area below is blank:</p> <p><input type="checkbox"/> Information is correct <input checked="" 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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:</p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Michael Purcell</p> <p>TITLE: Director</p> <p>ADDRESS: 4250 N. Glebe Road</p> <p>CITY/ST/ZIP: Arlington, VA 22207</p>
<p>Mark appropriate box unless area below is blank:</p> <p><input type="checkbox"/> Information is correct <input checked="" 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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:</p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>	<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: Kevin Ginnerty</p> <p>TITLE: Treasurer</p> <p>ADDRESS: 4250 N. Glebe Road</p> <p>CITY/ST/ZIP: Arlington, VA 22207</p>

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2018 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

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:

<input type="checkbox"/> Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below.
ADDRESS: 4250 N GLEBE RD	ADDRESS:
CITY/ST/ZIP: ARLINGTON VA 22207	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 information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: GRETCHEN GINNERTY TITLE: PRESIDENT ADDRESS: 4250 N GLEBE ROAD CITY/ST/ZIP: ARLINGTON VA 22207	NAME: TITLE: ADDRESS: CITY/ST/ZIP:

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	William Montgomery, Vice President	23 December 2017
	PRINTED NAME AND 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.

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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.

<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>NAME: WILLIAM MONTGOMERY OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>TITLE: T/S</p> <p>ADDRESS: 4250 N GLEBE ROAD</p> <p>CITY/ST/ZIP: ARLINGTON VA 22207</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p>NAME:</p> <p>TITLE: Vice President</p> <p>ADDRESS:</p> <p>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 checked="" type="checkbox"/> Delete Information</p> <p>NAME: BRUCE O JOLLY JR OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>TITLE: DIRECTOR</p> <p>ADDRESS: 4250 N GLEBE ROAD</p> <p>CITY/ST/ZIP: ARLINGTON VA 22207</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Replacement</p> <p>NAME: Jennifer Thorp OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>TITLE: Secretary</p> <p>ADDRESS: 4250 N. Glebe Road</p> <p>CITY/ST/ZIP: Arlington, VA 22207</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>NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p>NAME: Susan Bentley OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>TITLE: Director</p> <p>ADDRESS: 4250 N. Glebe Road</p> <p>CITY/ST/ZIP: Arlington, VA 22207</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>NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p>NAME: Craig Phillips OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>TITLE: Director</p> <p>ADDRESS: 4250 N. Glebe Road</p> <p>CITY/ST/ZIP: Arlington, VA 22207</p>

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.

<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>NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p>NAME: Kevin Ginnerty</p> <p>TITLE: Treasurer</p> <p>ADDRESS: 4250 N. Glebe Road</p> <p>CITY/ST/ZIP: Arlington, VA 22207</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>NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p>NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE:</p> <p>ADDRESS:</p> <p>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>NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p>NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE:</p> <p>ADDRESS:</p> <p>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>NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p>NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE:</p> <p>ADDRESS:</p> <p>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>NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p>NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>

SCC eFile	2019 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	219523840
1.) CORPORATION NAME: THE LOVE QUILT PROJECT, INC.		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BRUCE O JOLLY JR 4250 N GLEBE RD ARLINGTON, VA		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ARLINGTON COUNTY		
4.) STATE OR COUNTRY OF INCORPORATION: VA		
5.) STOCK INFORMATION <div style="display: flex; justify-content: space-between;"> <div>CLASS</div> <div>AUTHORIZED</div> </div>		
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 4250 N GLEBE RD 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.		
NAME: GRETCHEN GINNERTY TITLE: PRESIDENT ADDRESS: 4250 N GLEBE ROAD CITY/ST/ZIP/CO: ARLINGTON, VA 22207	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM MONTGOMERY TITLE: VICE PRESIDENT ADDRESS: 4250 N GLEBE ROAD CITY/ST/ZIP/CO: ARLINGTON, VA 22207	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JENNIFER THORP TITLE: SECRETARY ADDRESS: 4250 N GLEBE ROAD CITY/ST/ZIP/CO: ARLINGTON, VA 22207	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SUSAN BENTLEY TITLE: DIRECTOR ADDRESS: 4250 N GLEBE ROAD CITY/ST/ZIP/CO: ARLINGTON, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CRAIG PHILLIPS TITLE: DIRECTOR ADDRESS: 4250 N GLEBE ROAD CITY/ST/ZIP/CO: ARLINGTON, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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	WILLIAM MONTGOMERY, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/29/2019 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.		