

Commonwealth of Virginia



STATE CORPORATION COMMISSION

Richmond, February 26, 1987

This is to Certify that the certificate of incorporation of
HAMPTON WOODS ASSOCIATES, INC.

*was this day issued and admitted to record in this office
and that the said corporation is authorized to transact its
business subject to all the laws of the State applicable to the
corporation and its business.*



State Corporation Commission

George M. Bryant, Jr.
Clerk of the Commission

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

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 02997039
Filing Number: 2101252831587
Filing Date/Time: 01/25/2021 11:38 AM
Effective Date/Time: 01/25/2021 11:38 AM



1. CORPORATION NAME:
HAMPTON WOODS ASSOCIATES, INC.

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
ROBERT E RULOFF
317 30TH STREET
VIRGINIA BEACH, VA 23451-0000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
810-VIRGINIA BEACH CITY

4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia

DUE DATE: **02/28/21**

SCC ID NO.: **0299703-9**

5. TOTAL NUMBER OF AUTHORIZED SHARES: 500

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: 4460 CORPORATION LANE #300	ADDRESS: 4433 Corporation Lane Suite 250
CITY/ST/ZIP VIRGINIA BEACH, VA 23462-0000	CITY/ST/ZIP Virginia Beach, VA 23462

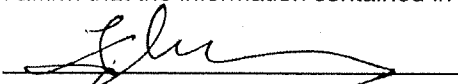
7. DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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 type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: VINCENT NAPOLITANO TITLE: Vice President ADDRESS: 1056 BOBOLINK DRIVE CITY/ST/ZIP: VIRGINIA BEACH, VA 23451-0000	NAME: TITLE: ADDRESS: 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.


Frederick J. Napolitano, Director
1/18/21

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.

2021 ANNUAL REPORT CONTINUED

CORPORATION NAME:
HAMPTON WOODS ASSOCIATES, INC.

DUE DATE: **02/28/21**
SCC ID NO.: **0299703-9**

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 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: JOHN E. OLIVIERI TITLE: VP/TREASURER ADDRESS: 1120 LASKIN ROAD CITY/ST/ZIP: VIRGINIA BEACH, VA 23451-0000</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: FREDERICK J. NAPOLITANO TITLE: P/S ADDRESS: 1065 BOBOLINK DRIVE CITY/ST/ZIP: VIRGINIA BEACH, VA 23451-0000</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>
<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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