

WILLIAMS MULLEN

Direct Dial: 757.473.5436
wchappell@williamsmullen.com

December 22, 2015

File No.: 067290.0001

ATTN: ANNUAL REPORT SECTION

VIA FEDERAL EXPRESS

State Corporation Commission
Clerk's Office

Attn: Annual Report Section
Tyler Building, 1st Floor
1300 E. Main Street
Richmond, Virginia 23219

Re: 2015 Annual Report
United States Marine Corps Ground Ordnance Maintenance Association
SCC ID# 0727243-8

Dear Sir or Madam:

Our client previously filed the enclosed 2015 Annual Report. The Annual Report was submitted with the annual registration fees. The fees have been posted to the website (12/08/15), but the Annual Report is not showing as received. In that regard, I am enclose a duplicate copy of the Annual Report and request that you file it as soon as possible and update your records accordingly.

Thank you for your assistance.

Sincerely,



Wendy M. Chappell
Corporate Paralegal

Enclosures

cc: Ms. Rosalind Sanchez (via email w/encl.)
Robert E. Korroch, Esquire (via email w/o encl.)

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**2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**



1. CORPORATION NAME:

United States Marine Corps Ground Ordnance
Maintenance Association

DUE DATE: 08/31/15

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

ROBERT E KORROCH
WILLIAMS MULLEN
222 CENTRAL PARK AVE STE 1700
VIRGINIA BEACH, VA 23462

SCC ID NO.: 0727243-8

5. STOCK INFORMATION

CLASS	AUTHORIZED

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

228-VIRGINIA BEACH CITY

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: 2530 CORNELL DR CITY/ST/ZIP FREDERICKSBURG, VA 22454	ADDRESS: Post Office Box 805 CITY/ST/ZIP Dumfries, VA 22026

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 checked="" 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: ROBERT CHARLTON TITLE: CHAIRMAN/DIR ADDRESS: 2530 CORNELL DR CITY/ST/ZIP: FREDERICKSBURG, VA 22454	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

Rosalind Sanchez, Secretary/Treasurer
PRINTED NAME AND CORPORATE TITLE

12/21/2015
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.

NB1717

2015 ANNUAL REPORT CONTINUED

CORPORATION NAME:

United States Marine Corps Ground Ordnance
Maintenance Association

DUE DATE: **08/31/15**

SCC ID NO.: **0727243-8**

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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

<p>Mark appropriate box unless area below is blank: Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information <input type="checkbox"/></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 align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: DAVID TIFI TITLE: DIRECTOR ADDRESS: 321 WOODS HOLLOW DR CITY/ST/ZIP: MILTON, VT 05468</p>	<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: David Tifft TITLE: Vice Chairman/Director ADDRESS: Post Office Box 805 CITY/ST/ZIP: Dumfries, VA 22026</p>
<p>Mark appropriate box unless area below is blank: Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information <input type="checkbox"/></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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: ROSALIND SANCHEZ TITLE: DIRECTOR ADDRESS: 259 SILVER CREEK LOOP CITY/ST/ZIP: SNEADS FERRY, NC 28460</p>	<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Rosalind Sanchez TITLE: Secretary/Treasurer/Director ADDRESS: Post Office Box 805 CITY/ST/ZIP: Dumfries, VA 22026</p>
<p>Mark appropriate box unless area below is blank: Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information <input type="checkbox"/></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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: ROMEO DELOSSAN TOSROY TITLE: DIRECTOR ADDRESS: 6012 WICKENDEN ST CITY/ST/ZIP: FREDERICKSBURG, VA 22407</p>	<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Romeo Delossantoscoy TITLE: Chairman/Director ADDRESS: Post Office Box 805 CITY/ST/ZIP: Dumfries, VA 22026</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 <input type="checkbox"/></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>

