

**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.

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 12/21/2015
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.

NB1717

2015 ANNUAL REPORT CONTINUED

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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 style="text-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>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 style="text-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 style="text-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>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 style="text-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 style="text-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>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 style="text-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 style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</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 style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

