



Secretary of State
Statement of Information
(California Stock, Agricultural
Cooperative and Foreign Corporations)

SI-550

113

20-717716

FILED
Secretary of State
State of California

SEP 11 2020

IMPORTANT — Read instructions before completing this form.

Fees (Filing plus Disclosure) – \$25.00;

Copy Fees – First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00 plus copy fees

1. Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State. Note: If you registered in California using an assumed name, see instructions.)

TVPC INC.

This Space For Office Use Only

2. 7-Digit Secretary of State File Number

3715155

3. Business Addresses

a. Street Address of Principal Executive Office - Do not list a P.O. Box 21950 MEEKLAND AVENUE	City (no abbreviations) HAYWARD	State CA	Zip Code 94541
b. Mailing Address of Corporation, if different than Item 3a	City (no abbreviations)	State	Zip Code
c. Street Address of Principal California Office, if any and if different than Item 3a - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

4. Officers

The Corporation is required to list all three of the officers set forth below. An additional title for the Chief Executive Officer and Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/ RICHARD	First Name	Middle Name THOMAS	Last Name VILLA	Suffix
Address 2117 HADDEN ROAD		City (no abbreviations) WALNUT CREEK	State CA	Zip Code 94596
b. Secretary RICHARD	First Name	Middle Name THOMAS	Last Name VILLA	Suffix
Address 2117 HADDEN ROAD		City (no abbreviations) WALNUT CREEK	State CA	Zip Code 94596
c. Chief Financial Officer/ RICHARD	First Name	Middle Name THOMAS	Last Name VILLA	Suffix
Address 2117 HADDEN ROAD		City (no abbreviations) WALNUT CREEK	State CA	Zip Code 94596

5. Director(s)

California Stock and Agricultural Cooperative Corporations ONLY: Item 5a: At least one name and address must be listed. If the Corporation has additional directors, enter the name(s) and addresses on Form SI-550A (see instructions).

a. First Name RICHARD	Middle Name THOMAS	Last Name VILLA	Suffix	
Address 2117 HADDEN RD.		City (no abbreviations) WALNUT CREEK	State CA	Zip Code 94596
b. Number of Vacancies on the Board of Directors, if any				

6. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) LYNN	Middle Name ALLISON	Last Name BROWER	Suffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 21950 MEEKLAND AVENUE		City (no abbreviations) HAYWARD	State CA	Zip Code 94541

CORPORATION – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b

7. Type of Business

Describe the type of business or services of the Corporation

PLUMBING CONTRACTOR

8. The information contained herein, including in any attachments, is true and correct.

8/17/2020

Date

LYNN BROWER

Type or Print Name of Person Completing the Form

AGENT

Title

Signature

Lynn Brower