

# ANNUAL REPORT

MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION  
Taxpayer Services - Charter Division P.O. Box 17052, BALTIMORE, MARYLAND 21297-1052

**2021  
Form 1**

Due April 15th  
Date Received  
by Department  
**03/10/2021**

Type of Business	Dept. ID Prefix	Filing Fee	Type of Business	Dept. ID Prefix	Filing Fee
<input type="checkbox"/> Domestic Stock Corporation	(D)	\$300	<input type="checkbox"/> Domestic Limited Liability Company	(W)	\$300
<input type="checkbox"/> Foreign Stock Corporation	(F)	\$300	<input type="checkbox"/> Foreign Limited Liability Company	(Z)	\$300
<input checked="" type="checkbox"/> Domestic Non-Stock Corporation	(D)	-0-	<input type="checkbox"/> Domestic Limited Partnership	(M)	\$300
<input type="checkbox"/> Foreign Non-Stock Corporation	(F)	-0-	<input type="checkbox"/> Foreign Limited Partnership	(P)	\$300
<input type="checkbox"/> Foreign Insurance Corporation	(F)	\$300	<input type="checkbox"/> Domestic Limited Liability Partnership	(A)	\$300
<input type="checkbox"/> Foreign Interstate Corporation	(F)	-0-	<input type="checkbox"/> Foreign Limited Liability Partnership	(E)	\$300
<input type="checkbox"/> SDAT Certified Family Farm	(A,D,M,W)	\$100	<input type="checkbox"/> Domestic Statutory Trust	(B)	\$300
<input type="checkbox"/> Real Estate Investment Trust	(D)	\$300	<input type="checkbox"/> Foreign Statutory Trust	(S)	\$300

## SECTION I

Name of Business: **AKITA RESCUE - MID ATLANTIC COAST, INC.**

Mailing Address:

Address has been changed.

**LISA GRAY  
PO BOX 4266  
9401 CONTRACTORS CT.  
MANASSAS  
VA 20108**

Department ID Number: **D03431707**

Federal Employee Identification Number:

State of Incorporation/Formation: **MD**

Date of Incorporation/Formation: **05/13/1992**

Federal Principal Business Code:

Nature of Business:

Trading As Name:

Email Address: **INFO@AKITARESCUE.ORG**

## SECTION II

### A. Corporate Officers

President:

**PULLER LANIGAN  
313 QUAINT ACRES DR  
SILVER SPRING MD 20904**

Vice President:

**JOANNE MARCUS  
13238 KURTZ RD.  
WOODBIDGE VA 22193**

Secretary:

Treasurer:

**LISA GRAY  
7514 BLAND DRIVE  
MANASSAS VA 20109**

### B. Directors

**PULLER LANIGAN**

Total Number of Directors: **2**

Total Number of Female Directors: **2**

**SECTION III**

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A. Does the business own, lease, or use personal property located in Maryland?  YES  NOB. Does the business require or maintain a trader's (retail sales) or other license with a local unit of government?  YES  NOC. Did the business have gross sales in Maryland?  
Total or amount of business transacted in Maryland: \$  YES  NOD. Did the entity dispose, sell, or transfer ALL of its business personal property prior to January 1?  YES  NO**SECTION IV**

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By signing this form below, you declare, under the penalty of perjury, and pursuant to Tax-Property Article 1-201 of the Annotated Code of Maryland, that this Annual Report, including any accompanying forms, schedules, and/or statements, has been examined by you and, to the best of your knowledge and belief, is a true, correct, and complete Annual Report for the Entity listed in Section I.

**A. Corporate Officer or Principal of Entity**Name: **LISA GRAY**Date: **03/10/2021**

Mailing Address:

Email: **LISA@AKITARESCUE.ORG**Phone: **571-237-7335****B. Firm or Individual, other than taxpayer, preparing this Annual Report/Personal Property Tax Return**

Name:

Date:

Mailing Address:

Email:

Phone: