RI SOS Filing Number: 201986481360 Date: 2/11/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2019 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

3. Principal Office Address

**One Beacon Street** 

5. State of Incorporation **Massachusetts** 

List ALL officers (names and addresses)

Paul M. Barrett

**676 Grove Street** 

1. Entity ID Number

161604

4. NAICS Code

President Name

Street Address

541110

-> Penalty: Additional \$25.00 fee if form is not filed by April 1.

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FEB 1 1 2019

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rch 1								
if form is no	t filed by April 1.							
	e of the Corporation & Singal, P.C.							
		City Boston	State MA	Zip <b>02108</b>				
	ractice of law - Ti	NO 7-1.2-1403						
esses)		Vice-President Name	Check the box to indi one	cate an attachment L				
		Street Address						
State MA	Zip 02462	City	State	Zıp				
		Treasurer Name Rober	t K. Blaisdell					

City	Newton	State MA	Zip <b>02462</b>	City		State	Zıp	
Secretary Name	Bruce A. Singal			Treasurer Name Robert K. Blaisdell				
Street Address	79 Woodchester Drive			Street Address	9 Katina Lane			
City	Newton	State MA	Zip <b>02467</b>	City	Peabody	State MA	Zip 01960	
8. List ALL direc	ctors (names and	addresses)		<b>-</b>	Check	the box to indic	ate an attachment 🖸	
Director Name	Paul M. Barrett			Director Name	Robert K. Blaisdell			
Street Address	676 Grove Stre	et	-	Street Address	9 Katina Lane			
City	Newton	State MA	Zip <b>02462</b>	City	Peabody	State MA	Zip <b>01960</b>	
Director Name	Bruce A. Singa			Director Name  Jeffrey F. Chase-Lubitz				
Street Address	79 Woodcheste	er Drive		Street Address 115 Laurel Avenue				
City	Newton	State MA	Zip <b>02467</b>	City	Providence	State RI	Zip 02096	
9. Shares Authorized 10. Shares Issue			ed Check the box to indicate an attachment					
This information is currently of record in the NUMBE			NUMBER OF					
			3,0	3,000 750			\$0.00 \$0.00	
			75					

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

statements, and that all statements contained herein are true and correct.

Name of Authorized Representative

Jared Gustafson, CFO

Signature of Authorized Representatives

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website; www.sos.ri.gov

FORM 630 - Revised: 10/2017

2019

Date

## ADDITIONAL DIRECTORS OF BARRETT & SINGAL, P.C.

Andrew S. Levine 9 Thurston Road Melrose, MA 02176

Michelle R. Peirce 3 Lincoln Place Charlestown, MA 02129

Sean T. Ryan 207 Bowker Street Norwell, MA 02061

FILED

FEB 1 1 2019

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