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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005172 (0)

1. Corporation Name
RIGHT TURN, INC.

Principal Place of Business

~~300 E. MAIN ST.~~
~~MILFORD MA 01757~~
US

Mailing Address

~~300 E. MAIN ST.~~
~~MILFORD MA 01757~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1995

4. FEI Number

04-3071477

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 100 Locke Drive

Suite, Apt. #, etc.

22

City & State

23 Marlborough, MA

Zip

Country

24 01752

25

2a. Mailing Address

26 100 Locke Drive

Suite, Apt. #, etc.

27

City & State

28 Marlborough, MA

Zip

Country

29 01752

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
VALLE, STEPHEN K.
7 AUBURNDALE ROAD
MARBLEHEAD MA ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ROSS, RON
82 E. KILLINGLY RD.
FOSTER RI ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
DECHANT, SUSAN
187 WORCHESTER ROAD
FRAMINGHAM MA ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GILL, JOSEPH
22 HIGH STREET
SOUTHBORO MA ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Kinney, Robert ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
T
Kinney, Robert
14 Ridge Road
Norfolk, MA ☐ Change ☒ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
P, D
Ross, Roy
82 E. Killingly Road
Foster, RI ☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
S
Angelini, Michael
311 Main Street
Worcester, MA ☐ Change ☒ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
AS
Sacco, Samuel
27 Lee Road
Barrington, RI ☐ Change ☒ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)