## 2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000002184

Entity Name: BALLENTINE PARTNERS, LLC

**Current Principal Place of Business:** 

230 3RD AVE 6TH FLOOR WALTHAM. MA 02451

Current Mailing Address:

P O BOX 1860

WOLFEBORO, NH 03894 US

FEI Number: 27-1557796 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Jan 28, 2022

**Secretary of State** 

9633794495CC

Authorized Person(s) Detail:

Title PRESIDENT, CEO Title CFO

Name MCMORROW, ANDREW Name POTTER, JEFFREY

Address 230 3RD AVE 6TH FLOOR Address 230 3RD AVE 6TH FLOOR

City-State-Zip: WALTHAM MA 02451 City-State-Zip: WALTHAM MA 02451

Title MANAGER, CHIEF CREATIVE Title CIO

OFFICER

Name BRAMAN, WILLIAM

Name EDWARDS-PITT, COVENTRY

Address 230 3RD AVE 6TH FLOOR

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City-State-Zip: WALTHAM MA 02451

City-State-Zip: WALTHAM MA 02451

Title EXECUTIVE CHAIRMAN

Title MANAGER, COO

Name BALLENTINE, ROY

Name TUBMAN, J. BARRY

Address

Title

City-State-Zip: WOLFEBORO NH 03894

P O BOX 1860

City-State-Zip: WALTHAM MA 02451

Title CHIEF WEALTH ADVISORY OFFICER

MANAGER, CHIEF DEVELOPMENT OFFICER

230 3RD AVE 6TH FLOOR

Name OCHLIS, ADAM

Address

Name DEANGELIS, JAYSON

Address 230 3RD AVE 6TH FLOOR

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW MCMORROW

CEO

01/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

## **Authorized Person(s) Detail Continued:**

Title MANAGER, HEAD OF HNW

Name MURTIE, JENNIFER

Address 230 3RD AVE 6TH FLOOR

City-State-Zip: WALTHAM MA 02451