

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000006430

**Entity Name:** CAMBRIDGE CREDIT COUNSELING CORP.

**Current Principal Place of Business:**

67 HUNT STREET  
AGAWAM, MA 01001

**Current Mailing Address:**

67 HUNT STREET  
AGAWAM, MA 01001

**FEI Number:** 04-3337726

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**Officer/Director Detail :**

Title            CHRM, SECRETARY  
Name            COLONNA, ALFRED HJR  
Address        303 STEIGER DRIVE  
City-State-Zip: WESTFIELD MA 01085

Title            PRESIDENT, DIRECTOR  
Name            VIALE, CHRISTOPHER  
Address        15 BRIMFIELD WAY  
City-State-Zip: WESTFIELD MA 01085

Title            TREASURER  
Name            HEBERT, THOMAS  
Address        4 STEEPLECHASE ROAD  
City-State-Zip: EAST WINDSOR CT 06088

Title            DIRECTOR  
Name            REYNOLDS, LIAM  
Address        15 GREENLEAF STREET  
City-State-Zip: SPRINGFIELD MA 01108-2042

Title            DIRECTOR  
Name            O'KEEFE, DEAN  
Address        80 CRANE NECK STREET  
City-State-Zip: WEST NEWBURY MA 01985-2121

Title            DIRECTOR  
Name            CONNOR, JOHN ESQ.  
Address        84 RIDGE ROAD  
City-State-Zip: E. LONGMEADOW MA 01028-1321

Title            DIRECTOR  
Name            DLUGOENSKI, JOHN  
Address        35 PINERIDGE DRIVE  
City-State-Zip: WESTFIELD MA 01085-4544

Title            DIRECTOR  
Name            KRAWCZYNSKI, JOHN  
Address        36 CRYSTAL RIDGE DRIVE  
City-State-Zip: ELLINGTON CT 06029-3051

**Continues on page 2**

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER VIALE

**PRESIDENT**

**04/06/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           PIZZANELLI, SALVATORE CPA  
Address        80 STONEHILL ROAD  
City-State-Zip: E. LONGMEADOW MA 01028-1367

Title           DIRECTOR  
Name           BUONICONTI, STEPHEN  
Address        202 RIVER RD  
City-State-Zip: AGAWAM MA 01001

Title           DIRECTOR  
Name           CONNOLLY, JENNIFER  
Address        1103 LIBERTY STREET  
City-State-Zip: SPRINGFIELD MA 01104