

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 03, 2021
Secretary of State
1919420691CC

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 16 WINDPATH EAST
City-State-Zip: WEST SPRINGFIELD MA 01089

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

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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 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

03/03/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PIZZANELLI, SALVATORE CPA
Address 162 SUMMERPARK PLACE
City-State-Zip: AIKEN SC 29803

Title DIRECTOR
Name BUONICONTI, STEPHEN
Address 29 OAKRIDGE RD
City-State-Zip: FEEDING HILLS MA 01030

Title DIRECTOR
Name CONNOLLY, JENNIFER
Address 150 SOUTHWICK ST
City-State-Zip: FEEDING HILLS MA 01030