2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2025
Secretary of State
6994414812CC

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

Title	DIRECTOR
Name	O'KEEFE, DEAN
Address	4 FREEBORN ROAD
City-State-Zip:	BRISTOL RI 02809

Title	DIRECTOR
Name	DLUGOENSKI, JOHN
Address	16 WINDPATH EAST
City-State-Zip:	WEST SPRINGFIELD MA 01089

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

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

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

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

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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 04/18/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

Title	DIRECTOR
Name	QUINK, JULIE
Address	685 TURKEY STREET
City-State-Zip:	WARE MA 01082

Title	DIRECTOR
Name	FORBES DISTEFANO, DAWN
Address	80 AUDUBON AVENUE
City-State-Zip:	WEST SPRINGFIELD MA 01089

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

Title	DIRECTOR
Name	SHERBO, JAMES
Address	25 BRETTON ROAD
City-State-Zip:	WEST SPRINGFIELD MA 01089