

**2024 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 4 FREEBORN ROAD  
City-State-Zip: BRISTOL RI 02809

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

**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**

**04/01/2024**

\_\_\_\_\_  
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