

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004063

**Entity Name:** THIRD SECTOR NEW ENGLAND, INC.**Current Principal Place of Business:**89 SOUTH STREET STE 700  
BOSTON, MA 02111**Current Mailing Address:**89 SOUTH STREET STE 700  
BOSTON, MA 02111**FEI Number:** 04-2261109**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLORIDA FILING & SEARCH SERVICES, INC.  
155 OFFICE PLAZA DRIVE STE A  
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            PRESIDENT  
Name            ORLINOFF, DAVID  
Address        10002 MAIN CAMPUS DRIVE  
City-State-Zip: LEXINGTON MA 02421

Title            TREASURER  
Name            WHEELER, KAREN  
Address        25 BEACON STREET  
City-State-Zip: BOSTON MA 02108

Title            DIRECTOR  
Name            DORSEY, RAHN  
Address        2 ATLANTIC AVE  
City-State-Zip: BOSTON MA 02110

Title            DIRECTOR  
Name            SMITH, CHARLAYNE  
Address        308 CONGRESS ST  
City-State-Zip: BOSTON MA 02210

Title            VP  
Name            SHARP LEHMAN, SALLY C  
Address        89 SOUTH STREET  
City-State-Zip: BOSTON MA 02111

Title            ASST. TREASURER  
Name            BARRERA, JOEL  
Address        60 TEMPLE PLACE  
City-State-Zip: BOSTON MA 02111

Title            CEO  
Name            SPACK, JONATHAN  
Address        89 SOUTH ST  
                  STE 700  
City-State-Zip: BOSTON MA 02111

Title            DIRECTOR  
Name            FORTUNATO, ARLENE  
Address        140 CLAREDON ST  
                  STE 222  
City-State-Zip: BOSTON MA 02116

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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: JONATHAN SPACK****CEO****02/20/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FRIEDMAN, EVELYN  
Address 26 COURT ST  
STE 200  
City-State-Zip: BOSTON MA 02119

Title DIRECTOR  
Name BLACKMAN, TAMMY  
Address 15 RESEARCH DRIVE  
STE B  
City-State-Zip: AMHERST MA 01002

Title DIRECTOR  
Name JEFFRIES, IMARI  
Address 89 SOUTH STREET STE 700  
City-State-Zip: BOSTON MA 02111

Title DIRECTOR  
Name WADSWORTH, ROBERT  
Address 75 ARLINGTON ST  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name RINGROSE, MARJORIE  
Address 11 CONCORD ST  
City-State-Zip: CHARLESTOWN MA 02129

Title DIRECTOR  
Name KREILICK, JOHANNA  
Address 89 SOUTH STREET STE 700  
City-State-Zip: BOSTON MA 02111