

2017 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:**CORPORATE CREATIONS NETWORKS INC.
11380 PROSPERITY FARMS ROAD
#221E
PALM BEACH GARDENS, FL 33410 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 VP
Name SHARP LEHMAN, SALLY C
Address 89 SOUTH STREET
City-State-Zip: BOSTON MA 02111

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

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

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

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

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

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: JONATHAN SPACK

CEO

01/16/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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