

**2016 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 PROOSPERITY 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

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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, SECRETARY

02/10/2016

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 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

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

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