

2023 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 NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 CEO, SECRETARY
Name NG, ELAINE
Address 89 SOUTH ST
STE 700
City-State-Zip: BOSTON MA 02111

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

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

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

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

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

Title DIRECTOR
Name SMITH, JAYE Y.
Address 89 SOUTH STREET STE 700
City-State-Zip: BOSTON MA 02111

Title DIRECTOR
Name GARDINER, NANCY B
Address 89 SOUTH STREET STE 700
City-State-Zip: BOSTON MA 02111

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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: ELAINE NG**CEO****02/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	POPOVICH, MARCOS LUCIO
Address	89 SOUTH STREET STE 700
City-State-Zip:	BOSTON MA 02111