

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001065

Entity Name: SOLDIER ON, INC.**Current Principal Place of Business:**290 MERRILL ROAD
PITTSFIELD, MA 01201**Current Mailing Address:**290 MERRILL ROAD
PITTSFIELD, MA 01201 US**FEI Number:** 04-3240461**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 EXECUTIVE VP; DIRECTOR
Name DOWNING, JOHN F
Address 221 BARKER ROAD
City-State-Zip: PITTSFIELD MA 01201

Title DIRECTOR
Name MURPHY, COREY
Address 510 FRONT STREET
City-State-Zip: CHICOPEE MA 01013

Title SECRETARY, DIRECTOR
Name NOTSLEY, JOHN
Address 75 BERKSHIRE DRIVE
City-State-Zip: WILLIAMSTOWN MA 01247

Title DIRECTOR, VICE CHAIR
Name MARKHAM, DAVID
Address 400 DEVON ROAD
City-State-Zip: LEE MA 01238

Title DIRECTOR, CHAIR
Name BRESNAHAN, JOHN
Address 593 LAKEWAY DRIVE
City-State-Zip: PITTSFIELD MA 01201

Title DIRECTOR
Name ZAFFANELLA, CARLO
Address 6 MELVILLE COURT
City-State-Zip: LENOX MA 01240

Title DIRECTOR
Name O'BRIEN, DAN
Address 283 STATE ROUTE 209
City-State-Zip: KINGSTON NY 12401

Title TREASURER, DIRECTOR
Name GENNARI, JOSEPH
Address 6190 VISTA LINDA LANE
City-State-Zip: BOCA RATON FL 33433

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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: KEITH PORTER

CFO

01/24/2020

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title PRESIDENT, CEO, DIRECTOR
Name BUCKLEY, BRUCE
Address 290 MERRILL ROAD
City-State-Zip: PITTSFIELD MA 01202

Title CFO, ASST. SECRETARY, ASST. TREASURER
Name PORTER, KEITH
Address 290 MERRILL ROAD
City-State-Zip: PITTSFIELD MA 01201

Title DIRECTOR
Name GELLNER, LISA
Address 31 PARK TERRACE, APT.. A10
City-State-Zip: NEW YORK NY 10034

Title DIRECTOR
Name FAHLENKAMP, KEITH
Address 770 HANCOCK ROAD
City-State-Zip: WILLIAMSTOWN MA 01267

Title DIRECTOR
Name LEONARD, RACHEL
Address 25 CALUMET STREET
City-State-Zip: PITTSFIELD MA 01201

Title DIRECTOR
Name APPLE, CRAIG
Address 2 AMANDA WAY
City-State-Zip: NISKAUYN A NY 12309