

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001065

Entity Name: SOLDIER ON, INC.

Current Principal Place of Business:

421 NORTH MAIN STREET, BUILDING 6
LEEDS, MA 01053

Current Mailing Address:

421 NORTH MAIN STREET, BUILDING 6
LEEDS, MA 01053

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 DIRECTOR/CEO
Name DOWNING, JOHN F
Address 221 BARKER ROAD
City-State-Zip: PITTSFIELD MA 01201

Title S/D
Name MURRAY, LEE
Address 140 LAFAYETTE STREET
City-State-Zip: CHICOPEE MA 01020

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

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

Title D
Name DEANGLIS, MIKE
Address 821 NORTH GRAND ST.
City-State-Zip: WEST SUFFIELD CT 06226

Title PRESIDENT
Name SHEPARD, GARY
Address 10 BROOKSIDE CIRCLE
City-State-Zip: WILBRAHAM MA 01095

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

Title DIRECTOR
Name POWERS, WILLIAM E
Address 301 STONY KILL ROAD
City-State-Zip: CANAAN NY 12029

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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: GARY SHEPARD

PRESIDENT

02/29/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title ASST. SECRETARY, ASST. TREASURER
Name SCALISE, JAMES II
Address 2 FEDERICO 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 GENNARI, JOSEPH
Address 6190 VISTA LINDA LANE
City-State-Zip: BOCA RATON FL 33433