

2021 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 DIRECTOR
Name DOWNING, JOHN F
Address 221 BARKER ROAD
City-State-Zip: PITTSFIELD MA 01201

Title CHAIRMAN, DIRECTOR
Name MURPHY, COREY
Address 34 KIMBERLY DRIVE
City-State-Zip: SOUTH HADLEY MA 01075

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

Title DIRECTOR
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 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

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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: BRUCE F. BUCKLEY**PRESIDENT****03/05/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title VICE CHAIR, DIRECTOR
Name MESSER, MICHAEL
Address 56 WESTVIEW TERRACE
City-State-Zip: EASTHAMPTON MA 01027

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

Title DIRECTOR
Name BALDWIN, GARY
Address 201 SANDY COVE
City-State-Zip: TINTON FALL NJ 07753