# DOCUMENT# F14000002413

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: THE DOUG FLUTIE, JR. FOUNDATION FOR AUTISM, INC.

### **Current Principal Place of Business:**

1661 WORCESTER ROAD SUITE 102 FRAMINGHAM, MA 01701

#### **Current Mailing Address:**

1661 WORCESTER ROAD SUITE 102 FRAMINGHAM, MA 01701 US

#### FEI Number: 04-3543134

#### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

#### **Officer/Director Detail :**

	Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR	
	Name	FLUTIE, DOUGLAS R	Name	FLUTIE, LAURIE M	
	Address	1661 WORCESTER ROAD SUITE 102	Address	1661 WORCESTER ROAD SUITE 102	
	City-State-Zip:	FRAMINGHAM MA 01701	City-State-Zip:	FRAMINGHAM MA 01701	
	Title	D	Title	TREASURER, DIRECTOR, CO-CHAIR	
	Name	KELLER, KEVIN L	Name	BLOUIN, DAVID R	
	Address		Address	2020 COMMONWEALTH AVE	
	City-State-Zip:	SUITE 102 FRAMINGHAM MA 01701	City-State-Zip:	NEWTON MA 02466	
	Title	DIRECTOR, CO-CHAIR, SECRETARY	Title	DIRECTOR	
	Name	CANTU, TINA 1661 WORCESTER ROAD	Name	TIERNEY, JOHN	
	Address		Address	1661 WORCESTER ROAD SUITE 102	
	City-State-Zip:	SUITE 102 FRAMINGHAM MA 01701	City-State-Zip:	FRAMINGHAM MA 01701	
	Title	DIRECTOR	Title	DIRECTOR	
	Name		Name	CAMER, STEPHEN DR.	
	Address	1661 WORCESTER ROAD	Address	1661 WORCESTER ROAD SUITE 102	
	City-State-Zip:	SUITE 102 FRAMINGHAM MA 01701	City-State-Zip:	FRAMINGHAM MA 01701	

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PRESIDENT

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: DOUGLAS R FLUTIE

Electronic Signature of Signing Officer/Director Detail

# FILED Feb 05, 2022 Secretary of State 3951856966CC

Certificate of Status Desired: No

Date

## **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	MORRIS, DAVID	Name	GOLOBOY, MARK
Address	1661 WORCESTER ROAD SUITE 102	Address	1661 WORCESTER ROAD SUITE 102
City-State-Zip:	FRAMINGHAM MA 01701	City-State-Zip:	FRAMINGHAM MA 01701
Title	DIRECTOR	Title	DIRECTOR
Name	BUSH, JONATHAN	Name	BROVELLI, SHARON
Address	1661 WORCESTER ROAD SUITE 102	Address	1661 WORCESTER ROAD SUITE 102
City-State-Zip:	FRAMINGHAM MA 01701	City-State-Zip:	FRAMINGHAM MA 01701
Title	DIRECTOR	Title	DIRECTOR
Name	CHIRICHELLA, JOE	Name	BAIN, FABIENNE
Address	1661 WORCESTER ROAD SUITE 102	Address	1661 WORCESTER ROAD SUITE 102
City-State-Zip:	FRAMINGHAM MA 01701	City-State-Zip:	FRAMINGHAM MA 01701