

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F1400002413

FILED
Mar 14, 2024
Secretary of State
3799447670CC

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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SERVICES CO.
3211 VINELAND RD
SUITE 174
KISSIMMEE, FL 34746 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: MICHAEL ANGELO REP. FL REGISTERED AGENT

03/14/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name FLUTIE, DOUGLAS R.
Address 1661 WORCESTER ROAD
 SUITE 205B
City-State-Zip: FRAMINGHAM MA 01701

Title VP, DIRECTOR
Name FLUTIE, LAURIE M
Address 1661 WORCESTER ROAD
 SUITE 102
City-State-Zip: FRAMINGHAM MA 01701

Title D
Name KELLER, KEVIN L
Address 1661 WORCESTER ROAD
 SUITE 102
City-State-Zip: FRAMINGHAM MA 01701

Title TREASURER, DIRECTOR, CO-CHAIR
Name BLOUIN, DAVID R.
Address 2020 COMMONWEALTH AVE
City-State-Zip: NEWTON MA 02466

Title DIRECTOR, CO-CHAIR, SECRETARY
Name CANTU, TINA
Address 1661 WORCESTER ROAD
 SUITE 102
City-State-Zip: FRAMINGHAM MA 01701

Title DIRECTOR
Name TIERNEY, JACK
Address 1661 WORCESTER ROAD
 SUITE 102
City-State-Zip: FRAMINGHAM MA 01701

Title DIRECTOR
Name CAMER, STEPHEN DR.
Address 1661 WORCESTER ROAD
 SUITE 102
City-State-Zip: FRAMINGHAM MA 01701

Title DIRECTOR
Name MORRIS, DAVID
Address 1661 WORCESTER ROAD
 SUITE 102
City-State-Zip: FRAMINGHAM MA 01701

Continues on page 2

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: NICHOLAS SAVARESE

03/14/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GOLOBOY, MARK
Address 1661 WORCESTER ROAD
SUITE 102
City-State-Zip: FRAMINGHAM MA 01701

Title DIRECTOR
Name BROVELLI, SHARON
Address 1661 WORCESTER ROAD
SUITE 102
City-State-Zip: FRAMINGHAM MA 01701

Title DIRECTOR
Name BAIN, FABIENNE
Address 1661 WORCESTER ROAD
SUITE 102
City-State-Zip: FRAMINGHAM MA 01701

Title DIRECTOR
Name PALMER, MIKE
Address 1661 WORCESTER RD STE 102
City-State-Zip: FRAMINGHAM MA 01701

Title DIRECTOR
Name BUSH, JONATHAN
Address 1661 WORCESTER ROAD
SUITE 102
City-State-Zip: FRAMINGHAM MA 01701

Title DIRECTOR
Name CHIRICHELLA, JOE
Address 1661 WORCESTER ROAD
SUITE 102
City-State-Zip: FRAMINGHAM MA 01701

Title DIRECTOR
Name FAULKNER, ANDREA
Address 1661 WORCESTER RD STE 102
City-State-Zip: FRAMINGHAM MA 01701

Title DIRECTOR
Name SAVARESE, NICHOLAS
Address 1661 WORCESTER ROAD
SUITE 205B
City-State-Zip: FRAMINGHAM MA 01701