

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000004913

**Entity Name:** AMEGO, INC.

**Current Principal Place of Business:**

33 PERRY AVENUE  
ATTLEBORO, MA 02703

**Current Mailing Address:**

33 PERRY AVENUE  
ATTLEBORO, MA 02703 US

**FEI Number:** 23-7131690

**Certificate of Status Desired:** No

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

WEINBERG, MICHAEL  
65 EAST NASA BLVD, SUITE 101  
MELBOURNE, FL 32901 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 PCEO  
Name RANDALL, JOHN  
Address 87 PILGRIM ROAD  
City-State-Zip: HOLLISTON MA 01746

Title TREASURER  
Name HATCH, MARK  
Address 44 CORTLAND DRIVE  
City-State-Zip: SHARON MA 02067

Title DIR  
Name YANDO, REGINA PH.D.  
Address 80 DEVONSHIRE STREET  
City-State-Zip: WABAN MA 20468

Title CHAIRPERSON  
Name BERGMAN, PAUL  
Address 73 CHELSEA STREET  
UNIT 107  
City-State-Zip: CHARLESTOWN MA 02129

Title DIR  
Name TIMSON, CHRISTOPHER ESQ  
Address 126 TAHARTO ROAD  
City-State-Zip: POCASSET MA 02559

Title DIR  
Name BORR, MICHAEL  
Address 5 LILAC STREET  
City-State-Zip: SHARON MA 02067

Title DIR  
Name HUBBARD, CHRISTINE JD  
Address 68 POND STREET  
City-State-Zip: NATICK MA 01760

Title CLERK  
Name BROWN, LISA M.S., M.ED.  
Address 221 HIGH STREET  
City-State-Zip: CANTON MA 02021

**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:** KEVIN JOHNSON

**CFO**

**03/17/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GOLOSKIE, JOEL  
Address 1 INTERNATIONAL PLACE  
SUITE 1400  
City-State-Zip: BOSTON MA 02110

Title CFO  
Name JOHNSON, KEVIN  
Address 165 MADISON AVE  
City-State-Zip: QUINCY MA 02169

Title CHIEF PROGRAM OFFICER  
Name POTTER, PENNY  
Address 33 PERRY AVENUE  
City-State-Zip: ATTLEBORO MA 02703

Title ASSISTANT CLERK  
Name JOHNSON, KEVIN  
Address 165 MADISON AVE  
City-State-Zip: QUINCY MA 02169

Title COO  
Name LENNON, KELLI  
Address 33 PERRY AVE  
City-State-Zip: ATTLEBORO MA 02703

Title DIRECTOR  
Name SHORE, KATHRYN  
Address 33 PERRY AVENUE  
City-State-Zip: ATTLEBORO MA 02703