

2019 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: Yes

Name and Address of Current Registered Agent:

HOUVOURAS, RAYNA EX DIR
65 EAST NASA BLVD, SUITE 101, THE ATLANTIS
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 DIRECTOR
Name EDWARDS, JAMES
Address 130 PHILLIPS STREET
City-State-Zip: QUINCY MA 02170

Title PCEO
Name RANDALL, JOHN
Address 87 PILGRIM ROAD
City-State-Zip: HOLLISTON MA 01746

Title VP
Name CAREY, JOHN ESQ
Address 5 CHRYSLER ROAD, APT 1007
City-State-Zip: NATICK MA 01760

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 DIR
Name BASZKIEWICZ, BOB
Address 87 WATERSTON AVENUE
City-State-Zip: QUINCY MA 02170

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

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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: KEVIN JOHNSON

CFO

04/25/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

Title DIRECTOR
Name GOLOSIE, 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