2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000004913

Entity Name: AMEGO, INC.

FILED Apr 03, 2023 Secretary of State 1873130728CC

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 1435 AURORA RD MELBOURNE, FL 32935-5315 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** Title

Name RANDALL, JOHN Name YANDO, REGINA PH.D. Address 87 PILGRIM ROAD Address 80 DEVONSHIRE STREET

City-State-Zip: WABAN MA 20468 HOLLISTON MA 01746 City-State-Zip:

DIR Title Title CHAIRPERSON

Name TIMSON, CHRISTOPHER ESQ BERGMAN, PAUL Name

Address 126 TAHARTO ROAD Address 73 CHELSEA STREET

UNIT 107

POCASSET MA 02559 City-State-Zip: CHARLESTOWN MA 02129 City-State-Zip:

Title DIR Title DIR

HUBBARD, CHRISTINE JD BORR, MICHAEL Name Address **68 POND STREET 5 LILAC STREET** Address City-State-Zip: NATICK MA 01760

City-State-Zip: SHARON MA 02067

Title DIRECTOR Title **CLERK**

Name GOLOSKIE, JOEL Name BROWN, LISA M.S., M.ED.

1 INTERNATIONAL PLACE Address Address 221 HIGH STREET

SUITE 1400

DIR

BOSTON MA 02110 City-State-Zip: City-State-Zip: CANTON MA 02021

Continues on page 2

Name

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.

04/03/2023 SIGNATURE: KEVIN JOHNSON **CFO**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title ASSISTANT CLERK Title CFO

NameJOHNSON, KEVINNameJOHNSON, KEVINAddress165 MADISON AVEAddress165 MADISON AVECity-State-Zip:QUINCY MA 02169City-State-Zip:QUINCY MA 02169

Title COO Title CHIEF PROGRAM OFFICER

NameLENNON, KELLINamePOTTER, PENNYAddress33 PERRY AVEAddress33 PERRY AVENUECity-State-Zip:ATTLEBORO MA 02703City-State-Zip:ATTLEBORO MA 02703

Title DIRECTOR Title DIRECTOR

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