#### 2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000003294

Entity Name: JSI RESEARCH AND TRAINING INSTITUTE, INC.

FILED
Apr 21, 2022
Secretary of State
3558356607CC

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

44 FARNSWORTH STREET BOSTON, MA 02210

## **Current Mailing Address:**

44 FARNSWORTH STREET BOSTON, MA 02210 US

FEI Number: 04-2679824 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 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	PRESIDENT, CEO, DIRECTOR	Title	COO, DIRECTOR
Name	CROTTY, MARGARET	Name	BAKER, ALEXANDER K
Address	44 FARNSWORTH STREET	Address	44 FARNSWORTH STREET
City-State-Zip:	BOSTON MA 02210	City-State-Zip:	BOSTON MA 02210

Title CLERK, DIRECTOR Title DIRECTOR

Name FAIRCHILD PATRICIA Name CANTLAY HAR

Name FAIRCHILD, PATRICIA Name CANTLAY HART, CAROLYN CAN
Address 44 FARNSWORTH STREET Address 44 FARNSWORTH STREET

City-State-Zip: BOSTON MA 02210 City-State-Zip: BOSTON MA 02210

Title ASSISTANT CLERK Title DIRECTOR, CHAIRMAN

Name MCDADE, JOANNE B. Name GALEA, SANDRO

Address 44 FARNSWORTH STREET Address 44 FARNSWORTH STREET

City-State-Zip: BOSTON MA 02210 City-State-Zip: BOSTON MA 02210

TitleDIRECTORTitleDIRECTORNameOLIVOLA, KENNameBLOOM, DAVID

Address 44 FARNSWORTH STREET Address 44 FARNSWORTH STREET

City-State-Zip: BOSTON MA 02210 City-State-Zip: BOSTON MA 02210

# 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: PATRICIA FAIRCHILD CLERK 04/21/2022

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name USEEM, MICHAEL Name OSTERMAN, PAUL

Address 44 FARNSWORTH STREET Address 44 FARNSWORTH STREET

City-State-Zip: BOSTON MA 02210 City-State-Zip: BOSTON MA 02210

Title DIRECTOR Title DIRECTOR

Name MUSANTE, PAUL Name DIALLO, ABDOURAHMANE

Address 44 FARNSWORTH STREET Address 44 FARNSWORTH STREET

City-State-Zip: BOSTON MA 02210 City-State-Zip: BOSTON MA 02210