

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000003294

**Entity Name:** JSI RESEARCH AND TRAINING INSTITUTE, INC.

**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.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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  
Name            CROTTY, MARGARET  
Address        44 FARNSWORTH STREET  
City-State-Zip: BOSTON MA 02210

Title            CFO  
Name            CLARK, JANICE  
Address        44 FARNSWORTH STREET  
City-State-Zip: BOSTON MA 02210

Title            CLERK, DIRECTOR  
Name            FAIRCHILD, PATRICIA  
Address        44 FARNSWORTH STREET  
City-State-Zip: BOSTON MA 02210

Title            ASSISTANT CLERK  
Name            FULLEM, ANDREW  
Address        44 FARNSWORTH STREET  
City-State-Zip: BOSTON MA 02210

Title            DIRECTOR, CHAIRMAN  
Name            GALEA, SANDRO  
Address        44 FARNSWORTH STREET  
City-State-Zip: BOSTON MA 02210

Title            TREASURER, DIRECTOR  
Name            USEEM, MICHAEL  
Address        44 FARNSWORTH STREET  
City-State-Zip: BOSTON MA 02210

Title            DIRECTOR  
Name            OSTERMAN, PAUL  
Address        44 FARNSWORTH STREET  
City-State-Zip: BOSTON MA 02210

Title            DIRECTOR  
Name            DIALLO, ABDOURAHMANE  
Address        44 FARNSWORTH STREET  
City-State-Zip: BOSTON MA 02210

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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: JANICE CLARK**

**CFO**

**05/01/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            ADAMJEE, HAFIZ  
Address        44 FARNSWORTH STREET  
City-State-Zip: BOSTON MA 02210