

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 832683

**Entity Name:** CAMBRIDGE SEVEN ASSOCIATES, INC.**Current Principal Place of Business:**1050 MASSACHUSETTS AVE.  
CAMBRIDGE, MA 02138**Current Mailing Address:**1050 MASSACHUSETTS AVE.  
CAMBRIDGE, MA 02138 US**FEI Number:** 04-2310225**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name            JOHNSON, GARY  
Address        1050 MASSACHUSETTS AVE.  
City-State-Zip: CAMBRIDGE MA 02138

Title            DIRECTOR  
Name            KIM, YONGJOO  
Address        1050 MASSACHUSETTS AVE.  
City-State-Zip: CAMBRIDGE MA 02138

Title            DIRECTOR  
Name            GREENFIELD, STEFANIE  
Address        1050 MASSACHUSETTS AVE.  
City-State-Zip: CAMBRIDGE MA 02138

Title            SECRETARY  
Name            REED, THOMAS  
Address        225 FRIEND STREET  
City-State-Zip: BOSTON MA 02114

Title            DIRECTOR  
Name            MANSFIELD, TIMOTHY D  
Address        1050 MASSACHUSETTS AVE.  
City-State-Zip: CAMBRIDGE MA 02138

Title            DIRECTOR  
Name            MITCHELL, ADAM  
Address        1050 MASSACHUSETTS AVE.  
City-State-Zip: CAMBRIDGE MA 02138

Title            DIRECTOR  
Name            ROGERS, MARC  
Address        1050 MASSACHUSETTS AVE.  
City-State-Zip: CAMBRIDGE MA 02138

Title            TREASURER  
Name            INTRIERI, PATRICIA  
Address        1050 MASSACHUSETTS AVE.  
City-State-Zip: CAMBRIDGE MA 02138

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: GARY JOHNSON****PRESIDENT****01/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 MUSKOPF, CHRISTOPHER  
Address             1050 MASSACHUSETTS AVE.  
City-State-Zip:    CAMBRIDGE MA 02138

Title                   DIRECTOR  
Name                 CRANE, JUSTIN  
Address             1050 MASSACHUSETTS AVE.  
City-State-Zip:    CAMBRIDGE MA 02138