

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003024

Entity Name: THE S/L/A/M COLLABORATIVE, INC.

Current Principal Place of Business:

80 GLASTONBURY BLVD.
GLASTONBURY, CT 06033

Current Mailing Address:

80 GLASTONBURY BLVD.
GLASTONBURY, CT 06033 US

FEI Number: 06-0950562

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH STREET N,
SUITE 300
ST.PETERSBURG, FL 33702 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, DIRECTOR
Name PULITO, ROBERT F
Address 80 GLASTONBURY BLVD
City-State-Zip: GLASTONBURY CT 06033

Title DIRECTOR
Name ANSEL, STEVEN W
Address 80 GLASTONBURY BLVD
City-State-Zip: GLASTONBURY CT 06033

Title DIRECTOR
Name CONNELL, RICHARD T
Address 80 GLASTONBURY BLVD
City-State-Zip: GLASTONBURY CT 06033

Title TREASURER
Name KANTOR, DANIEL S
Address 80 GLASTONBURY BLVD
City-State-Zip: GLASTONBURY CT 06033

Title DIRECTOR
Name OLENICK, MARY JO
Address 80 GLASTONBURY BLVD.
City-State-Zip: GLASTONBURY CT 06033-4415

Title DIRECTOR
Name FRINK, TERRI L
Address 80 GLASTONBURY BLVD.
City-State-Zip: GLASTONBURY CT 06033-4415

Title ASST. SECRETARY
Name JOHNSON, BRENDA
Address 80 GLASTONBURY BLVD.
City-State-Zip: GLASTONBURY CT 06033

Title ASST. TREASURER
Name CONWAY, LUCY
Address 80 GLASTONBURY BLVD.
City-State-Zip: GLASTONBURY CT 06033

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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: LUCY CONWAY

ASST. TREASURER

04/09/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name MORHARDT, KEMP R
Address 80 GLASTONBURY BLVD.
City-State-Zip: GLASTONBURY CT 06033

Title DIRECTOR
Name COLES, GREGORY
Address 80 GLASTONBURY BLVD.
City-State-Zip: GLASTONBURY CT 06033