## 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0000003024

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: Yes

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

FILED Mar 27, 2024

**Secretary of State** 

3518231024CC

Officer/Director Detail:

Title TREASURER Title SECRETARY

Name KANTOR, DANIEL S Name MORHARDT, KEMP

Address 80 GLASTONBURY BLVD Address 80 GLASTONBURY BLVD

City-State-Zip: GLASTONBURY CT 06033 City-State-Zip: GLASTONBURY CT 06033

Title ASSISTANT SECRETARY Title ASSISTANT TREASURER

Name JOHNSON, BRENDA Name CONWAY, LUCILLE

Address 80 GLASTONBURY BLVD Address 80 GLASTONBURY BLVD

City-State-Zip: GLASTONBURY CT 06033

City-State-Zip: GLASTONBURY CT 06033

Title PRESIDENT Title CHAIR

Name COLES, GREGORY Name FINUCANE, TERRI L

Address 2290 E. MAPLE AVENUE Address 80 GLASTONBURY BOULEVARD

City-State-Zip: EL SEGUNDO CA 90245 City-State-Zip: GLASTONBURY CT 06033

Title DIRECTOR Title DIRECTOR

Name POLVINO, RICHARD A Name HERRICK, KEVIN

Address 250 SUMMER STREET, 4TH FLOOR Address 80 GLASTONBURY BLVD

City-State-Zip: BOSTON MA 02210-1135 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: LUCILLE CONWAY

ASSISTANT TREASURER

03/27/2024

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name DOHERTY, STEVEN R. Name RHOADES, MARK N.

Address 80 GLASTONBURY BLVD. Address 80 GLASTONBURY BLVD.

City-State-Zip: GLASTONBURY CT 06033 City-State-Zip: GLASTONBURY CT 06033