

**2023 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           TREASURER  
Name           KANTOR, DANIEL S  
Address       80 GLASTONBURY BLVD  
City-State-Zip: GLASTONBURY CT 06033

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

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

Title           ASSISTANT TREASURER  
Name           CONWAY, LUCILLE  
Address       80 GLASTONBURY BLVD  
City-State-Zip: GLASTONBURY CT 06033

Title           PRESIDENT  
Name           COLES, GREGORY  
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           CHAIR  
Name           FRINK, TERRI L  
Address       80 GLASTONBURY BLVD  
City-State-Zip: GLASTONBURY CT 06033

Title           DIRECTOR  
Name           POLVINO, RICHARD A  
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: LUCILLE CONWAY****ASSISTANT TREASURER   02/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 HERRICK, KEVIN  
Address             80 GLASTONBURY BLVD  
City-State-Zip:   GLASTONBURY CT 06033

Title                   DIRECTOR  
Name                 PULITO, ROBERT F  
Address             80 GLASTONBURY BLVD  
City-State-Zip:   GLASTONBURY CT 06033