

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000000041

**FILED**  
**Apr 19, 2016**  
**Secretary of State**  
**CC1380481847**

**Entity Name:** AAI CORPORATION OF MARYLAND

**Current Principal Place of Business:**

124 INDUSTRY LANE  
HUNT VALLEY, MD 21030

**Current Mailing Address:**

40 WESTMINSTER STREET  
PROVIDENCE, RI 02903

**FEI Number:** 52-0583724

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH 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 AND CHIEF EXECUTIVE OFFICER  
Name           LORD, ELLEN M  
Address        40 WESTMINSTER STREET  
City-State-Zip: PROVIDENCE RI 02903

Title           VICE PRESIDENT - TAX  
Name           GOLDBERG, DANA L  
Address        40 WESTMINSTER STREET  
City-State-Zip: PROVIDENCE RI 02903

Title           SENIOR VICE PRESIDENT - LEGAL AND CONTRACTS, AND SECRETARY  
Name           LEE, DANNY  
Address        124 INDUSTRY LANE  
City-State-Zip: HUNT VALLEY MD 21030

Title           ASSISTANT TREASURER  
Name           POPINSKI, SHARON  
Address        40 WESTMINSTER STREET  
City-State-Zip: PROVIDENCE RI 02903

Title           SENIOR VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER  
Name           HERRINGTON, KIM  
Address        40 WESTMINSTER STREET  
City-State-Zip: PROVIDENCE RI 02903

Title           ASSISTANT SECRETARY  
Name           WILLAMAN, ANN T  
Address        40 WESTMINSTER STREET  
City-State-Zip: PROVIDENCE RI 02903

*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:** SHARON POPINSKI

**ASSISTANT TREASURER   04/19/2016**

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

\_\_\_\_\_  
Date