## **2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000002932

Entity Name: TJX INCENTIVE SALES, INC.

**Current Principal Place of Business:** 

770 COCHITUATE ROAD FRAMINGHAM . MA 01701

**Current Mailing Address:** 

770 COCHITUATE ROAD FRAMINGHAM, MA 01701 US

FEI Number: 20-3879764 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: CT CORP 03/23/2019

Electronic Signature of Registered Agent

Date

FILED Mar 23, 2019

**Secretary of State** 

9542120938CC

Officer/Director Detail:

Title VP Title VP

Name AVERILL, DAVID Name COPPOLA, KAREN

Address 27 CARL ROAD Address 20 NORUMBEGA CIRCLE

City-State-Zip: WALPOLE MA 02081 City-State-Zip: FRANKLIN MA 02038

**SECRETARY** Title Title **PRESIDENT** Name KELLY, ALICIA C. Name GOLDENBERG, SCOTT Address 37 JACKSON ROAD Address 40 WOODS CROSSING WELLESLEY MA 02481 City-State-Zip: City-State-Zip: HOLLISTON MA 01746

Title VP Title VP

Name KLINGER, JOHN Name KORZEC-BROWN, JOAN

Address 67 GREYSTONE LANE Address 9 JOSEPH ROAD

City-State-Zip: SUDBURY MA 01776 City-State-Zip: HOPKINTON MA 01748

Title VP Title TREASURER

NameMARDEROSIAN, KENNETHNameREYNOLDS, MARYAddress770 COCHITUATE ROADAddress226 GROVE STREETCity-State-Zip:FRAMINGHAM MA 01701City-State-Zip:LEXINGTON MA 02420

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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: DAVID AVERILL VICE PRESIDENT 03/23/2019

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

NameKLINGER, JOHNNameREYNOLDS, MARYAddress67 GREYSTONE LANEAddress226 GROVE STREETCity-State-Zip:SUDBURY MA 01776City-State-Zip:LEXINGTON MA 02420