

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001528

Entity Name: WILSON LANGUAGE TRAINING CORPORATION**Current Principal Place of Business:**47 OLD WEBSTER ROAD
OXFORD, MA 01540**Current Mailing Address:**47 OLD WEBSTER ROAD
OXFORD, MA 01540 US**FEI Number:** 04-3203255**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCORP SERVICES, INC.
17888 67TH CT NORTH
LOXAHATCHEE, FL 33470 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 DIRECTOR
Name CARLO, ROBIN
Address 47 OLD WEBSTER ROAD
City-State-Zip: OXFORD MA 01540

Title PRESIDENT
Name WILSON, BARBARA
Address 124 HIGH STREET
City-State-Zip: NEWBURYPORT MA 01950

Title TREASURER
Name WILSON, EDWARD
Address 124 HIGH STREET
City-State-Zip: NEWBURYPORT MA 01950

Title SECRETARY
Name MCCAFFERTY, MARY-JANET
Address 124 HIGH STREET
City-State-Zip: NEWBURYPORT MA 01950

Title DIRECTOR
Name CARNES, KEVIN
Address 47 OLD WEBSTER ROAD
City-State-Zip: OXFORD MA 01540

Title DIRECTOR
Name COWELL, ELAINE WILSON
Address 47 OLD WEBSTER ROAD
City-State-Zip: OXFORD MA 01540

Title DIRECTOR
Name REILLY, JOHN A
Address 47 OLD WEBSTER ROAD
City-State-Zip: OXFORD MA 01540

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: EDWARD WILSON**TREASURER****04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date