

**2020 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:**INCRP 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 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 DIRECTOR  
Name CARLO, ROBIN  
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 PRESIDENT  
Name WILSON, BARBARA  
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 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****04/15/2020**

Electronic Signature of Signing Officer/Director Detail

Date