

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005590

Entity Name: CHARLES RIVER SYSTEMS, INC.

Current Principal Place of Business:

700 DISTRICT AVENUE
BURLINGTON, MA 01803

Current Mailing Address:

700 DISTRICT AVENUE
BURLINGTON, MA 01803 US

FEI Number: 04-3169908

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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/CEO
Name GIANNAROS, SPIROS
Address 700 DISTRICT AVENUE
City-State-Zip: BURLINGTON MA 01803

Title DIRECTOR
Name RUSSO, CHRISTOPHER
Address 700 DISTRICT AVENUE
City-State-Zip: BURLINGTON MA 01803

Title DIRECTOR
Name GIANNAROS, SPIROS
Address 700 DISTRICT AVENUE
City-State-Zip: BURLINGTON MA 01803

Title LE HEAD
Name RUSSO, CHRISTOPHER
Address 700 DISTRICT AVENUE
City-State-Zip: BURLINGTON MA 01803

Title DIRECTOR
Name DALY, MATTHEW
Address 700 DISTRICT AVENUE
City-State-Zip: BURLINGTON MA 01803

Title CFO
Name PANARO, KATHLEEN
Address 700 DISTRICT AVENUE
City-State-Zip: BURLINGTON MA 01803

Title CONTROLLER
Name PANARO, KATHLEEN
Address 700 DISTRICT AVENUE
City-State-Zip: BURLINGTON MA 01803

Title TREASURER
Name MARVILL, STEVEN
Address 700 DISTRICT AVENUE
City-State-Zip: BURLINGTON MA 01803

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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: SPIROS GIANNAROS

PRESIDENT/CEO

04/09/2024

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title SECRETARY
Name ALMONACID, CAROLINA
Address 700 DISTRICT AVENUE
City-State-Zip: BURLINGTON MA 01803