

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000001099

**Entity Name:** DAYMARK ENERGY ADVISORS INC.

**Current Principal Place of Business:**

370 MAIN STREET, SUITE 325  
WORCESTER, MA 01608

**Current Mailing Address:**

370 MAIN STREET, SUITE 325  
WORCESTER, MA 01608 US

**FEI Number:** 04-3577380

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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  
Name            MONTALVO, MARC D  
Address        370 MAIN STREET, SUITE 325  
City-State-Zip: WORCESTER MA 01608

Title            DIRECTOR  
Name            SALGO, HARVEY  
Address        370 MAIN STREET, SUITE 325  
City-State-Zip: WORCESTER MA 01608

Title            SECRETARY  
Name            SMITH, DOUGLAS A  
Address        370 MAIN STREET, SUITE 325  
City-State-Zip: WORCESTER MA 01608

Title            TREASURER  
Name            SMITH, DOUGLAS A  
Address        370 MAIN STREET, SUITE 325  
City-State-Zip: WORCESTER MA 01608

Title            VP  
Name            ATHAS, JOHN G  
Address        370 MAIN STREET, SUITE 325  
City-State-Zip: WORCESTER MA 01608

Title            DIRECTOR  
Name            LAWE, STEPHEN  
Address        PO BOX 158  
City-State-Zip: ETNA NH 03750

Title            DIRECTOR  
Name            REILLY, LARWRENCE  
Address        4 CLYDESDALE LANE  
City-State-Zip: HOPKINTON MA 01748

Title            OTHER  
Name            HUYCKE, JOHN  
Address        370 MAIN STREET, SUITE 325  
City-State-Zip: WORCESTER MA 01608

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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:** JOHN HUYCKE

**MANAGING DIRECTOR**

**04/03/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name KELLY, A KATHLEEN  
Address 370 MAIN STREET, SUITE 325  
City-State-Zip: WORCESTER MA 01608

Title DIRECTOR  
Name JYLKKA, CHRIS  
Address 370 MAIN STREET, SUITE 325  
City-State-Zip: WORCESTER MA 01608

Title VP  
Name KOEHLER, DANIEL  
Address 370 MAIN STREET, SUITE 325  
City-State-Zip: WORCESTER MA 01608

Title DIRECTOR  
Name LUND, LOUISA  
Address 370 MAIN STREET, SUITE 325  
City-State-Zip: WORCESTER MA 01608