

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000001099

**FILED**  
**Apr 30, 2020**  
**Secretary of State**  
**5576214212CC**

**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.  
17888 67TH COURT 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 KELLY, KATHLEEN A.  
Address 370 MAIN STREET, SUITE 325  
City-State-Zip: WORCESTER MA 01608

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

Title CHAIRMAN  
Name GILBERT, CAROLYN  
Address 370 MAIN STREET, SUITE 325  
City-State-Zip: WORCESTER MA 01608

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

Title VP  
Name ATHAS, JOHN  
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

**Continues on page 2**

*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:** KATHLEEN KELLY

**SECRETARY**

**04/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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