

2020 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.
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

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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: 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