

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000001099

**FILED  
Apr 17, 2021  
Secretary of State  
9729049021CC**

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

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

Title CEO  
Name MONTALVO, MARC D  
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 CFO  
Name SMITH, DOUGLAS A  
Address 370 MAIN STREET, SUITE 325  
City-State-Zip: WORCESTER MA 01608

**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 A KELLY

**VICE PRESIDENT**

**04/17/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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