

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000004792

**Entity Name:** TECOGEN INC.

**Current Principal Place of Business:**

45 FIRST AVE.  
WALTHAM, MA 02451

**Current Mailing Address:**

45 FIRST AVE.  
WALTHAM, MA 02451 US

**FEI Number: 04-3536131**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            PANORA, ROBERT  
Address        45 FIRST AVENUE  
City-State-Zip: WALTHAM MA 02451

Title            SECRETARY  
Name            WHITING, JOHN K. IV  
Address        45 FIRST AVENUE  
City-State-Zip: WALTHAM MA 02451

Title            TREASURER, DIRECTOR  
Name            RANGESH, ABINAND  
Address        45 FIRST AVENUE  
City-State-Zip: WALTHAM MA 02451

Title            DIRECTOR  
Name            HATOSPOULOS, JOHN N.  
Address        45 FIRST AVENUE  
City-State-Zip: WALTHAM MA 02451

Title            DIRECTOR  
Name            GHONIEM, AHMED  
Address        45 FIRST AVENUE  
City-State-Zip: WALTHAM MA 02451

Title            DIRECTOR  
Name            LEWIS , EARL R. III  
Address        45 FIRST AVENUE  
City-State-Zip: WALTHAM MA 02451

Title            DIRECTOR  
Name            ALBERTINE, JOHN M.  
Address        45 FIRST AVENUE  
City-State-Zip: WALTHAM MA 02451

Title            DIRECTOR  
Name            GALITEVA, ANGELINA  
Address        45 FIRST AVENUE  
City-State-Zip: WALTHAM MA 02451

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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 K. WHITING, IV**

**SECRETARY**

**03/05/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           HIRSCH, SUSAN B.  
Address        45 FIRST AVENUE  
City-State-Zip: WALTHAM MA 02451