

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000004792

Entity Name: TECOGEN INC.

**Current Principal Place of Business:**

45 1ST AVE.  
WALTHAM, MA 02451

**Current Mailing Address:**

45 1ST 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 CEO, DIRECTOR  
Name LOCKE, BENJAMIN  
Address 45 1ST AVE.  
City-State-Zip: WALTHAM MA 02451

Title PRESIDENT  
Name PANORA, ROBERT  
Address 45 1ST AVE.  
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR  
Name GHONIEM, AHMED  
Address 45 1ST AVE.  
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR  
Name GALITEVA, ANGELINA  
Address 45 1ST AVE.  
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR  
Name LEWIS, EARL R. III  
Address 45 1ST AVE.  
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR  
Name HOLUBOW, FRED  
Address 45 1ST AVE.  
City-State-Zip: WALTHAM MA 02451

Title SECRETARY  
Name WHITING, JOHN K. IV  
Address 45 1ST AVE.  
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR  
Name HATOSPOULOS, JOHN N.  
Address 45 1ST AVE.  
City-State-Zip: WALTHAM MA 02451

**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: BENJAMIN LOCKE

CHIEF EXECUTIVE  
OFFICER

01/31/2023

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           JENKINS, RALPH  
Address        45 1ST AVE.  
City-State-Zip: WALTHAM MA 02451

Title           TREASURER, CFO  
Name           DESCHENES, ROBERT P.  
Address        45 1ST AVE.  
City-State-Zip: WALTHAM MA 02451