

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000004494

Entity Name: SALARY FINANCE INC

Current Principal Place of Business:

77 SLEEPER STREET
BOSTON, MA 02210

Current Mailing Address:

77 SLEEPER STREET
BOSTON, MA 02210 US

FEI Number: 37-1881861

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 KILBY, DAVID
Address 77 SLEEPER STREET
City-State-Zip: BOSTON MA 02210

Title PRESIDENT/CEO
Name KILBY, DAVID
Address 77 SLEEPER STREET
City-State-Zip: BOSTON MA 02210

Title DIRECTOR
Name FAHY, MATTHEW
Address 77 SLEEPER STREET
City-State-Zip: BOSTON MA 02210

Title TREASURER/CFO
Name FAHY, MATTHEW
Address 77 SLEEPER STREET
City-State-Zip: BOSTON MA 02210

Title SECRETARY
Name HALL, WILLIAM F
Address 77 SLEEPER STREET
City-State-Zip: BOSTON MA 02210

Title CHIEF COMPLIANCE OFFICER
Name HALL, WILLIAM F
Address 77 SLEEPER STREET
City-State-Zip: BOSTON MA 02210

Title COO
Name HERR, NATHAN
Address 77 SLEEPER STREET
City-State-Zip: BOSTON MA 02210

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: MATTHEW FAHY

TREASURER/CFO

04/10/2024

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date