

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F23000001100

Entity Name: ATN INTERNATIONAL, INC.**Current Principal Place of Business:**500 CUMMINGS CENTER, SUITE 2450
BEVERLY, MA 01915**Current Mailing Address:**500 CUMMINGS CENTER, SUITE 2450
BEVERLY, MA 01915 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGALINC CORPORATE SERVICES INC.
476 RIVERSIDE AVE
JACKSONVILLE, FL 32202 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, PRESIDENT
Name PRIOR, MICHAEL
Address 500 CUMMINGS CENTER, SUITE 2450
City-State-Zip: BEVERLY MA 01915

Title COO, CEO
Name MARTIN, BRAD
Address 500 CUMMINGS CENTER, SUITE 2450
City-State-Zip: BEVERLY MA 01915

Title DIRECTOR
Name HENRY, APRIL
Address 500 CUMMINGS CENTER, SUITE 2450
City-State-Zip: BEVERLY MA 01915

Title VP
Name LEON, JUSTIN
Address 500 CUMMINGS CENTER, SUITE 2450
City-State-Zip: BEVERLY MA 01915

Title VP, S
Name MABEY, MARY
Address 500 CUMMINGS CENTER, SUITE 2450
City-State-Zip: BEVERLY MA 01915

Title TREASURER
Name DOGLIOLI, CARLOS
Address 500 CUMMINGS CENTER, SUITE 2450
City-State-Zip: BEVERLY MA 01915

Title DIRECTOR
Name GANONG, RICHARD
Address 500 CUMMINGS CENTER, SUITE 2450
City-State-Zip: BEVERLY MA 01915

Title DIRECTOR
Name BULKIN, BERNARD
Address 500 CUMMINGS CENTER, SUITE 2450
City-State-Zip: BEVERLY MA 01915

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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: MARY MABEY**SECRETARY****03/21/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LENEHAN, PAMELA
Address 500 CUMMINGS CENTER, SUITE 2450
City-State-Zip: BEVERLY MA 01915

Title DIRECTOR
Name HUDSON, DEREK
Address 500 CUMMINGS CENTER, SUITE 2450
City-State-Zip: BEVERLY MA 01915