

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000974

Entity Name: DIGIORGIO ASSOCIATES INC.**Current Principal Place of Business:**225 FRIEND STREET
BOSTON, MA 02114**Current Mailing Address:**225 FRIEND STREET
BOSTON, MA 02114 US**FEI Number:** 04-2842901**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH,LTD.,INC
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 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	WEAVER, JOHN W
Address	10 SANCTUARY LANE
City-State-Zip:	HOPKINTON MA 01748
Title	SECRETARY
Name	KOVACS, STEVE H
Address	37 STONE CHURCH ROAD
City-State-Zip:	TIVERTON RI 02878
Title	DIRECTOR
Name	KESSLER, MICHAEL
Address	2361 HALLOWELL ROAD
City-State-Zip:	LITCHFIELD ME 04350
Title	DIRECTOR
Name	WEAVER, JOHN W
Address	10 SANCTUARY LANE
City-State-Zip:	HOPKINTON MA 01748

Title	TREASURER
Name	WEAVER, JOHN W
Address	10 SANCTUARY LANE
City-State-Zip:	HOPKINTON MA 01748
Title	CHIEF EXECUTIVE OFFICER
Name	ZYCHOWICZ, JOHN JR.
Address	245 ATHERTON STREET
City-State-Zip:	MILTON MA 02186
Title	DIRECTOR
Name	LUCHETTI, CHRISTOPHER
Address	465 ELM STREET
City-State-Zip:	E. BRIDGEWATER MA 02333
Title	DIRECTOR
Name	ZYCHOWICZ, JOHN JR.
Address	245 ATHERTON STREET
City-State-Zip:	MILTON MA 02186

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 WEAVER**PRESIDENT****04/16/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date