

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**  
 05-19-2002 90042 049 \*\*\*150.00

**DOCUMENT # 838391**

1. Entity Name  
**AMGRO, INC.**

Principal Place of Business

**100 N PKWY  
 P. O. BOX 15089  
 WORCESTER MA 01615-0089  
 US**

Mailing Address

**100 N PKWY  
 P. O. BOX 15089  
 WORCESTER MA 01615-0089  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**04-2457427**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	BIGWOOD, RUSSELL M	
STREET ADDRESS	407-2 GREAT RD	
CITY-ST-ZIP	ACTON MA 01720	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHARBONEAU, KAREN A	
STREET ADDRESS	68 ROBBINS ROAD	
CITY-ST-ZIP	THOMPSON CT 06277	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, DENNIS P	
STREET ADDRESS	21 PLEASANT ST	
CITY-ST-ZIP	SAGAMORE MA 02561	
TITLE	S	<input type="checkbox"/> Delete
NAME	CRONIN, CHARLES F	
STREET ADDRESS	57 LONGWOOD DRIVE	
CITY-ST-ZIP	LUNENBURG MA 01462	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, DAVID M	
STREET ADDRESS	5 STONE TOWER LN	
CITY-ST-ZIP	BARRINGTON RI 02806	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAVANAUGH, JOHN P	
STREET ADDRESS	33 PEDERZINI DRIVE	
CITY-ST-ZIP	MEDFIELD MA 02052	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAVANUAGH, JOHN P.	
STREET ADDRESS	33 PEDERZINI DRIVE	
CITY-ST-ZIP	MEDFIELD, MA 02052	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAHILL, JR., WILLIAM J.	
STREET ADDRESS	10 OLD PLANTERS ROAD	
CITY-ST-ZIP	BEVERLY, MA 01915	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRIPP, ANN K.	
STREET ADDRESS	67 MUSHOPAUGE ROAD	
CITY-ST-ZIP	RUTLAND, MA 01543	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGIVNEY, MARK C.	
STREET ADDRESS	81 RUMSTICK ROAD	
CITY-ST-ZIP	BARRINGTON, RI 02806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:**

*Karen A. Charbonneau*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Karen A. Charbonneau**

**4/24/02**

**508-757-1628**

Date

Daytime Phone #

CR2E034 (9/01)