

FILED
Jan 11, 2008 08:00 A
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F05000002103

1. Entity Name
FILTERFRESH COFFEE SERVICE, INC.



Principal Place of Business
378 UNIVERSITY AVENUE
WESTWOOD, MA 02090

Mailing Address
378 UNIVERSITY AVENUE
WESTWOOD, MA 02090



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1676557

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARIMER, DAVID 378 UNIVERSITY AVENUE WESTWOOD, MA 02090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST BROWN, KEVIN 378 UNIVERSITY AVENUE WESTWOOD, MA 02090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALLORAN, EDWARD 378 UNIVERSITY AVENUE WESTWOOD, MA 02090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALANOWICH, MILES 378 UNIVERSITY AVENUE WESTWOOD, MA 02090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALTARELLI, ENRICO 378 UNIVERSITY AVENUE WESTWOOD, MA 02090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONETTE, JEAN-YVES 8300 19TH AVENUE MONTREAL, QUEBEC, H12458

000000730362
01/14/08-80018-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin Brown

1/4/07 781-461-8734