

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000006758

1. Entity Name  
LEACH & GARNER COMPANY



Principal Place of Business  
57 JOHN L. DIETSCH SQUARE  
NORTH ATTLEBORO, MA 02761

Mailing Address  
POST OFFICE BOX 200  
NORTH ATTLEBORO, MA 02761

FILED

07 JUL 20 AM 11:51

CLERK OF STATE  
TALLAHASSEE, FLORIDA



07112007 No Chg-P CR2E034 (11/05)

4. FEI Number  
04-1529840

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE CP  
NAME LEACH, EDWARD F II  
STREET ADDRESS 57 JOHN L. DIETSCH SQUARE  
CITY-ST-ZIP NORTH ATTLEBORO, MA 02761

TITLE D  
NAME BARLERIN, MICHAEL  
STREET ADDRESS 20 BARBERRY HILLS  
CITY-ST-ZIP SHARON, CT 06069

TITLE D  
NAME CARROLL, JOHN M  
STREET ADDRESS 761 GREAT ROAD  
CITY-ST-ZIP NORTH SMITHFIELD, RI 02896

TITLE ST  
NAME SISTO, JOSEPH  
STREET ADDRESS 185 CHANNEL VIEW  
CITY-ST-ZIP WARWICK, RI 02889

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800106615128  
07/24/07--01017--010 \*\*550.00

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, 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

Date

Daytime Phone #

7/11/07 508-695-7800  
xc 7/20