

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000003628

1. Entity Name

REINAUER MANAGEMENT COMPANY, INC.



Principal Place of Business

1983 RICHMOND TERRACE
STATEN ISLAND, NY 10302

Mailing Address

MORSE, BARNES - BM (CAW)
1601 TRAPELO ROAD
WALTHAM, MA 02451

DO NOT WRITE IN THIS SPACE



02252004 No Chg-P CR2E034 (10/03)

4. FEI Number

13-3695129

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 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
P
REINAUER, CRAIG
1983 RICHMOND TERRACE
STATEN ISLAND, NY 10302

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
REINAUER, ALBERT H III
1983 RICHMOND TERRACE
STATEN ISLAND, NY 10302

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
WALES, JONATHAN
36 NEW STREET
EAST BOSTON, MA 02128

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AS
WRY, CHARLES A JR.
45 THOMPSON DRIVE
SUDBURY, MA 01776

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ATAS
JONES, JOSEPH
1983 RICHMOND TERRACE
STATEN ISLAND, NY 10302

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000091542
03/18/04-80013-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 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

3/15/2004 781-622-5830
Date Daytime Phone #