2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F95000001467

1. Entity Name
PERINI LAND AND DEVELOPMENT COMPANY, INC.

Principal Place of Business

73 MT. WAYTE AVENUE
FRAMINGHAM, MA 01710

Mailing Address

73 MT. WAYTE AVENUE
FRAMINGHAM, MA 01710

DO NOT WRITE IN THIS SPACE

04132004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-0974333		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

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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 $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

U00000156548
05/05/04 -80081-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	GAUTHIER, CARL P
STREET ADDRESS	35 HAWTHANE RD.
CITY-ST-ZIP	LEOMINSTER, MA 01453

TITLE	AS
NAME	ORTEGA, ROSEMARY A
STREET ADDRESS	208 N. MAIN ST.
CITY-ST-ZIP	BELLINGHAM, MA 02019

TITLE	TD
NAME	MELLACE, SUSAN C
STREET ADDRESS	23 DIRADO DRIVE
CITY-ST-ZIP	MARLBOROUGH, MA 01752

TITLE	PD
NAME	BAND, ROBERT
STREET ADDRESS	19 WILLIAM J HEIGHTS
CITY-ST-ZIP	FRAMINGHAM, MA 01701

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Rosemary Ortega   Rosemary Ortega   4/27/04 508-628-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #