

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90063 015 ***150.00

40020787



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number
04-2461926

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRACILIERI, ROBERT A P.E.
STREET ADDRESS	88 BLACK FLACON AVE STE 210
CITY-ST-ZIP	BOSTON, MA 02210
TITLE	STVD
NAME	RITCHIE, STEPHEN J
STREET ADDRESS	88 BLACK FALCON AVE STE 210
CITY-ST-ZIP	BOSTON, MA 02210
TITLE	V
NAME	FLAHERTY, ROBERT J III
STREET ADDRESS	88 BLACK FALCON AVENUE SUITE 210
CITY-ST-ZIP	BOSTON, MA 02210
TITLE	V
NAME	BROWN, MICHAEL
STREET ADDRESS	88 BLACK FALCON AVENUE SUITE 210
CITY-ST-ZIP	BOSTON, MA 02210
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05

Date

617-210-1600

Daytime Phone #