

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000006299

**Entity Name:** SAINT BONIFACE HAITI FOUNDATION, INC.

**Current Principal Place of Business:**

40 GLEN AVE  
NEWTON CENTER, MA 02459

**Current Mailing Address:**

40 GLEN AVE  
NEWTON CENTER, MA 02459 US

**FEI Number: 04-3067595**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SAINT BONIFACE HAITI FOUNDATION  
40 GLEN AVE  
NEWTON CENTER, FL 02459 US

*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.*

**SIGNATURE:** LISA BEAUDETTE

04/10/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SHAPIRO, CONOR  
Address 115 KIRKLAND DRIVE  
City-State-Zip: STOW MA 01775

Title C  
Name DAVID, MICHELE DR.  
Address 16 BLUE JAY CIR UNIT 301  
City-State-Zip: MATTAPAN MA 02126

Title ACTING TREASURER  
Name LYNCH, JEFFREY  
Address 56 TURKEY HILL LANE  
City-State-Zip: HINGHAM MA 02043

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CONOR SHAPIRO

PRESIDENT/CEO

04/10/2023

Electronic Signature of Signing Officer/Director Detail

Date