

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003899

Entity Name: NEIGHBORHOOD STABILIZATION CORPORATION**Current Principal Place of Business:**225 CENTRE STREET
SUITE 100
BOSTON, MA 02119**Current Mailing Address:**225 CENTRE STREET
SUITE 100
BOSTON, MA 02119 US**FEI Number:** 04-3249517**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS LEGAL SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name MARKS, BRUCE
Address 225 CENTRE STREET
 SUITE 100
City-State-Zip: BOSTON MA 02119

Title DIRECTOR
Name ANAO, CARMEN
Address 225 CENTRE STREET
 SUITE 100
City-State-Zip: BOSTON MA 02119

Title SECRETARY
Name LANDRAU-PIRAZZI, MARISSA
Address 225 CENTRE STREET
 SUITE 100
City-State-Zip: BOSTON MA 02119

Title DIRECTOR
Name FIERBERG, DOUGLAS
Address 225 CENTRE STREET
 SUITE 100
City-State-Zip: BOSTON MA 02119

Title DIRECTOR
Name LLOYD, GLYNN
Address 225 CENTRE STREET
 SUITE 100
City-State-Zip: BOSTON MA 02119

Title DIRECTOR
Name MARKS , BRUCE
Address 225 CENTRE STREET
 SUITE 100
City-State-Zip: BOSTON MA 02119

Title TREASURER
Name LLOYD , GLYNN
Address 225 CENTRE STREET
 SUITE 100
City-State-Zip: BOSTON MA 02119

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: MARISSA LANDRAU-PIRAZZI**SECRETARY****01/11/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date