

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003506

Entity Name: YEAR UP, INC.

Current Principal Place of Business:

45 MILK STREET
BOSTON, MA 02109

Current Mailing Address:

45 MILK STREET
BOSTON, MA 02109 US

FEI Number: 04-3534407

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, 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: JACLYN WRIGHT, ASST. SECRETARY

04/23/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BARNES, MELODY
Address 45 MILK STREET
City-State-Zip: BOSTON MA 02109

Title COO
Name BRADLEY, JOHN
Address 45 MILK STREET
City-State-Zip: BOSTON MA 02109

Title DIRECTOR, CEO
Name CHERTAVIAN, GERALD
Address 45 MILK STREET
City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name DAVIS, SHANIQUE
Address 45 MILK STREET
City-State-Zip: BOSTON MA 02109

Title TREASURER
Name DIBBLE, TIM
Address 45 MILK STREET
City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name EDGERLY, PAUL
Address 45 MILK STREET
City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name GREEN, WILLIAM
Address 45 MILK STREET
City-State-Zip: BOSTON MA 02109

Title SECRETARY
Name HANDRINOS, PETER
Address 45 MILK STREET
City-State-Zip: BOSTON MA 02109

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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: MORAN , GARRETT

PRESIDENT

04/23/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JACKSON, LISA
Address 45 MILK STREET
City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name MCCOWAN, ROD
Address 45 MILK STREET
City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name NOGUERA, PEDRO
Address 45 MILK STREET
City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name PRESSLER, PAUL
Address 45 MILK STREET
City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name STEEL, ROBERT
Address 45 MILK STREET
City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name TEMPLIN, ROBERT
Address 45 MILK STREET
City-State-Zip: BOSTON MA 02109

Title CFO
Name MCCLAIN, ELLEN
Address 45 MILK STREET
City-State-Zip: BOSTON MA 02109

Title PRESIDENT
Name MORAN, GARRETT
Address 45 MILK STREET
City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name PATRICK, DEVAL
Address 45 MILK STREET
City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name SALEM, PAUL
Address 45 MILK STREET
City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name SULLIVAN, KERRY
Address 45 MILK STREET
City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name WALTON, GREG
Address 45 MILK STREET
City-State-Zip: BOSTON MA 02109