

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000003004

**Entity Name:** VIABILITY, INC.**Current Principal Place of Business:**5 FRANKLIN ST.  
NORTHAMPTON, MA 01060**Current Mailing Address:**5 FRANKLIN ST.  
NORTHAMPTON, MA 01060 US**FEI Number:** 51-0178661**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FOX, DEBRA  
3501 NW WILLOW CREEK DRIVE  
JENSEN BEACH, FL 34957 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 P  
Name VENNE, RICHARD W  
Address 5 FRANKLIN ST.  
City-State-Zip: NORTHAMPTON MA 01060

Title CHAIRMAN  
Name MARINI, TIMOTHY  
Address 5 FRANKLIN ST.  
City-State-Zip: NORTHAMPTON MA 01060

Title CHAIRMAN EMERITUS  
Name LEARY, PATRICK  
Address 5 FRANKLIN ST.  
City-State-Zip: NORTHAMPTON MA 01060

Title SECRETARY  
Name FITZGERALD, FRANCIS  
Address 5 FRANKLIN ST.  
City-State-Zip: NORTHAMPTON MA 01060

Title DIRECTOR  
Name MINER, DONALD  
Address 5 FRANKLIN ST.  
City-State-Zip: NORTHAMPTON MA 01060

Title VC  
Name LAMAY-MILLER, KATE  
Address 5 FRANKLIN ST.  
City-State-Zip: NORTHAMPTON MA 01060

Title TREASURER  
Name KELLEHER, BRITTNEY  
Address 5 FRANKLIN ST.  
City-State-Zip: NORTHAMPTON MA 01060

Title DIRECTOR  
Name LAGASSE, PAUL  
Address 5 FRANKLIN ST.  
City-State-Zip: NORTHAMPTON MA 01060

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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: RICHARD VENNE****PRESIDENT/CEO****04/05/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BIENKOWSKI, THOMAS  
Address 5 FRANKLIN ST.  
City-State-Zip: NORTHAMPTON MA 01060

Title DIRECTOR  
Name WENDOVER, JOSEPH  
Address 5 FRANKLIN ST.  
City-State-Zip: NORTHAMPTON MA 01060

Title DIRECTOR  
Name SMOLKOWICZ, CHARLENE  
Address 5 FRANKLIN ST.  
City-State-Zip: NORTHAMPTON MA 01060