

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000001581

**Entity Name:** UPSTREAM USA, INC.

**Current Principal Place of Business:**

2 OLIVER ST  
SUITE 402  
BOSTON, MA 02109

**FILED**  
**Apr 20, 2020**  
**Secretary of State**  
**2846355367CC**

**Current Mailing Address:**

2 OLIVER ST  
SUITE 402  
BOSTON, MA 02109 US

**FEI Number: 35-2581424**

**Certificate of Status Desired: Yes**

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

INCORPORATING SERVICES, LTD.  
1540 GLENWAY DR.  
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	DIRECTOR, CHAIR	Title	DIRECTOR, VICE CHAIR
Name	BEKENSTEIN, ANITA	Name	BROWN, SARAH
Address	2 OLIVER ST SUITE 402	Address	2 OLIVER ST SUITE 402
City-State-Zip:	BOSTON MA 02109	City-State-Zip:	BOSTON MA 02109
Title	DIRECTOR, TREASURER	Title	DIRECTOR, CEO
Name	STEVENSON, HOWARD H	Name	EDWARDS, MARK
Address	2 OLIVER ST SUITE 402	Address	2 OLIVER ST SUITE 402
City-State-Zip:	BOSTON MA 02109	City-State-Zip:	BOSTON MA 02109
Title	DIRECTOR	Title	DIRECTOR
Name	MARKELL, JACK	Name	PERRY, MARK
Address	2 OLIVER ST SUITE 402	Address	2 OLIVER ST SUITE 402
City-State-Zip:	BOSTON MA 02109	City-State-Zip:	BOSTON MA 02109
Title	DIRECTOR, SECRETARY	Title	DIRECTOR
Name	GANNON, PAUL	Name	JAMES, THEA
Address	2 OLIVER ST SUITE 402	Address	2 OLIVER ST SUITE 402
City-State-Zip:	BOSTON MA 02109	City-State-Zip:	BOSTON MA 02109

**Continues on page 2**

*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: ANN QUANDT** \_\_\_\_\_

**CFAO**

**04/20/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CFAO  
Name QUANDT, ANN  
Address 2 OLIVER ST  
SUITE 402  
City-State-Zip: BOSTON MA 02109

Title CHIEF PROGRAM OFFICER  
Name SHAND, SIOBHAN  
Address 2 OLIVER ST  
SUITE 402  
City-State-Zip: BOSTON MA 02109

Title CHIEF HUMAN RESOURCES OFFICER  
Name MANNING, MELANIE  
Address 2 OLIVER ST  
SUITE 402  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR  
Name GARMON-BROWN, OPHELIA  
Address 2 OLIVER ST  
SUITE 402  
City-State-Zip: BOSTON MA 02109