

**2022 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 26, 2022**  
**Secretary of State**  
**6717432158CC**

**Current Mailing Address:**

2 OLIVER ST  
SUITE 402  
BOSTON, MA 02109 US

**FEI Number: 35-2581424**

**Certificate of Status Desired: No**

**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, OFFICER, BOARD CHAIR  
Name BEKENSTEIN, ANITA  
Address 2 OLIVER ST  
SUITE 402  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR, OFFICER, VICE CHAIR  
Name BROWN, SARAH  
Address 2 OLIVER ST  
SUITE 402  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR  
Name STEVENSON, HOWARD H  
Address 2 OLIVER ST  
SUITE 402  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR, OFFICER, CEO  
Name EDWARDS, MARK  
Address 2 OLIVER ST  
SUITE 402  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR  
Name PERRY, MARK  
Address 2 OLIVER ST  
SUITE 402  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR  
Name GANNON, PAUL  
Address 2 OLIVER ST  
SUITE 402  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR  
Name JAMES, THEA  
Address 2 OLIVER ST  
SUITE 402  
City-State-Zip: BOSTON MA 02109

Title TREASURER, OFFICER  
Name QUANDT, ANN  
Address 2 OLIVER ST  
SUITE 402  
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**

**OFFICER, TREASURER**

**04/26/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR, OFFICER, SECRETARY  
Name            HIGGINS , KEITH  
Address        2 OLIVER ST  
                 SUITE 402  
City-State-Zip: BOSTON MA 02109

Title            ASST. SECRETARY, OFFICER  
Name            PIERSON, SARAH  
Address        2 OLIVER ST  
                 SUITE 402  
City-State-Zip: BOSTON MA 02109

Title            DIRECTOR  
Name            WHITE, KRISHNA  
Address        2 OLIVER ST  
                 SUITE 402  
City-State-Zip: BOSTON MA 02109