

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000002625

Entity Name: COMMUNITY-LABOR ADMINISTRATIVE SERVICES, INC.**Current Principal Place of Business:**ONE METROTECH CENTER NORTH
11TH FLOOR
BROOKLYN, NY 11201**Current Mailing Address:**ONE METROTECH CENTER NORTH
11TH FLOOR
BROOKLYN, NY 11201 US**FEI Number: 11-3520187****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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, CHAIRMAN

Name SULLIVAN, TIM

Address 30 ARBOR ST.

City-State-Zip: HARTFORD CT 06106

Title TREASURER, DIRECTOR

Name SIEGEL, DOROTHY E

Address ONE METROTECH CENTER NORTH
11TH FLOOR

City-State-Zip: BROOKLYN NY 11201

Title DIRECTOR

Name HARRIS, CHERRY

Address 333 SE 2ND AVE.

City-State-Zip: PORTLAND OR 97214

Title DIRECTOR

Name BRESLIN, KATE

Address 30 ARBOR ST.

City-State-Zip: HARTFORD CT 06106

Title SECRETARY

Name CLEMENTS, HOLLY

Address ONE METROTECH CENTER NORTH
11TH FLOOR

City-State-Zip: BROOKLYN NY 11201

Title DIRECTOR

Name DUDLEY, BARBARA

Address 419 7TH STREET NW
2ND FLOOR

City-State-Zip: WASHINGTON DC 20004

Title DIRECTOR

Name RAFFERTY, CORINNE

Address N13122 30TH ST.

City-State-Zip: GLENWOOD CITY WI 54013

Title DIRECTOR

Name ACERO, MARTHA

Address ONE METROTECH CENTER NORTH
11TH FLOOR

City-State-Zip: BROOKLYN NY 11201

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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: DOROTHY E. SIEGEL**TREASURER****04/27/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MASTER, ROBERT
Address	30 CLINTON STREET 3RD FLOOR
City-State-Zip:	NEWARK NJ 07102