

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000003417

**Entity Name:** NORTH AMERICAN FAMILY INSTITUTE, INC.

**Current Principal Place of Business:**

90 MAPLE STREET  
UNIT 2  
STONEHAM, MA 02180

**Current Mailing Address:**

90 MAPLE STREET  
UNIT 2  
STONEHAM, MA 02180 US

**FEI Number:** 04-2921507

**Certificate of Status Desired:** No

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

YATES, DEBORAH  
3877 SANDHILL CRANE DRIVE  
LAKELAND, FL 33811 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  
Name ZUSKY, MARGARET N  
Address 234 LOWELL ROAD  
City-State-Zip: WELLESLEY MA 02181

Title DIRECTOR  
Name RICH, HOWARD  
Address 289 OCEAN AVE  
City-State-Zip: MARBLEHEAD MA 01945

Title CLERK, DIRECTOR  
Name VINICK, BARBARA DR.  
Address 50 FREEDOM HOLLOW, UNIT 118  
City-State-Zip: SALEM MA 01970

Title PRESIDENT  
Name DANN, PAUL DR  
Address 88 BROCKWAY ROAD  
City-State-Zip: HOPKINTON NH 03229

Title TREASURER  
Name ROCHA, PAMELA  
Address 47 GLEN MEADOW ROAD  
City-State-Zip: HAVERHILL MA 01835

Title CHAIR OF THE BOARD, DIRECTOR  
Name MARCORELLE, ROGER  
Address 171 JERSEY STREET  
City-State-Zip: MARBLEHEAD MA 01945

Title DIRECTOR  
Name SAGAL, MATT DR.  
Address 317 LANSLOWNE  
City-State-Zip: WESTPORT CT 06880

Title DIRECTOR  
Name WEINSTEIN, BARNET  
Address 790 BOYLSTON STREET  
APT 19H  
City-State-Zip: BOSTON MA 02199

**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:** PAMELA ROCHA

**TREASURER**

**01/20/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GROSSMAN, NANCY DR.  
Address 44 IRVING STREET, UNIT C  
City-State-Zip: CAMBRIDGE MA 02138

Title DIRECTOR  
Name LOWELL, HARVEY DR.  
Address 47 WACHUSETT DRIVE  
City-State-Zip: LEXINGTON MA 02173

Title VICE CHAIR, DIRECTOR  
Name HAHN, STEVE  
Address 41 OCEAN AVENUE  
City-State-Zip: MARBLEHEAD MA 01945

Title ASSISTANT CLERK  
Name SWEENEY, KATI  
Address 7 OBERLIN ROAD  
City-State-Zip: DANVERS MA 01923