

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000003417

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

**Current Principal Place of Business:**

90 MAPLE STREET  
SUITE 2  
STONEHAM, MA 02180

**Current Mailing Address:**

90 MAPLE STREET  
SUITE 2  
STONEHAM, MA 02180 US

**FEI Number:** 04-2921507

**Certificate of Status Desired:** No

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

DONALDSON, VICKI  
3328 NE COLIN KELLY HIGHWAY  
MADISON, FL 32340 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 D  
Name ZUSKY, MARGARET N  
Address 234 LOWELL ROAD  
City-State-Zip: WELLESLEY MA 02181

Title CD  
Name VINICK, BARBARA DR.  
Address 72 BRADLEE AVE.  
City-State-Zip: SWAMPSCOTT MA 01907

Title ASSISTANT CLERK  
Name MADDEN, KELLY  
Address 189 MARLBOROUGH ST  
City-State-Zip: E. GREENWICH RI 02818

Title TREASURER  
Name PARIS, HILDEGARDE  
Address 29 EMERSON WAY  
City-State-Zip: CENTERVILLE MA 02632

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

Title P  
Name BAKAL, YITZHAK DR  
Address 80 PARK STREET, APT 22  
City-State-Zip: BROOKLINE MA 02246

Title D  
Name ZAFRIS, JAMES  
Address 264 HIGH STREET  
City-State-Zip: NEWBURYPORT MA 01950

Title DIRECTOR  
Name MADAUS, WILLIAM DR.  
Address 8 WICKERTREE LANE  
City-State-Zip: PLYMOUTH MA 02630

**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:** HILDEGARDE PARIS

**TREASURER**

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title DIRECTOR  
Name SAGAL, MATT  
Address 111 PURITAN LANE  
City-State-Zip: SWAMPSCOTT MA 01907

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