### 2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01755

Entity Name: THE AMERICAN IRELAND FUND, INCORPORATED

**Current Principal Place of Business:** 

10 POST OFFICE SQ STE N950

BOSTON, MA 02109

# **Current Mailing Address:**

10 POST OFFICE SQ STE 1205 BOSTON, MA 02109 US

FEI Number: 25-1306992 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

REGISTERED AGENTS INC. 7901 4TH STREET NORTH SUITE 300 ST.PETERSBURG, FL 33702 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

**FILED** Feb 20, 2024

Secretary of State

9643509016CC

#### Officer/Director Detail:

Title **PRESIDENT** Title **SECRETARY** Name FOTTRELL, CAITRIONA Name O'MALLEY. SHEILA

Address 10 POST OFFICE SQ STE N950 Address 10 POST OFFICE SQ STE N950

City-State-Zip: BOSTON MA 02109 City-State-Zip: BOSTON MA 02109

Title VΡ Title **TREASURER** 

Name MCGONAGLE, CONALL Name CONDRON, CHRISTOPHER "KIP"

Address 10 POST OFFICE SQ STE N950 Address 10 POST OFFICE SQ STE N950

City-State-Zip: BOSTON MA 02109 BOSTON MA 02109 City-State-Zip:

Title VICE CHAIR Title **CHAIR** Name KELLY, SHAUN MCQUADE, EUGENE Name

Address 10 POST OFFICE SQ STE N950 Address 10 POST OFFICE SQ STE N950

City-State-Zip: BOSTON MA 02109 City-State-Zip: BOSTON MA 02109

DIRECTOR Title Title DIRECTOR Name CASEY, LIAM Name BROE. PATRICK

Address 10 POST OFFICE SQ STE N950 10 POST OFFICE SQ STE N950 Address

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### 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.

02/20/2024 SIGNATURE: CONALL MCGONAGLE VICE PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR
Name CODD, THOMAS

Address 10 POST OFFICE SQ STE N950

City-State-Zip: BOSTON MA 02109

Title DIRECTOR

Name DAVIS, SUSAN ANN

Address 10 POST OFFICE SQ STE N950

City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name FINAN, IRIAL

Address 10 POST OFFICE SQ STE N950

City-State-Zip: BOSTON MA 02109

Title DIRECTOR

Name BRENNAN GLUCKSMAN, LORETTA

Address 10 POST OFFICE SQ STE N950

City-State-Zip: BOSTON MA 02109

Title DIRECTOR

Name GORMAN, KENNETH

Address 10 POST OFFICE SQ STE N950

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Title DIRECTOR

Name HIGGINS, MICHAEL

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Title DIRECTOR
Name JONES, ADRIAN

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Title DIRECTOR

Name KING GRENIER, LESLIE

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Title DIRECTOR

Name MCCALL, DOLORES

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City-State-Zip: BOSTON MA 02109

Title DIRECTOR

Name MEAGHER, THOMAS

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City-State-Zip: BOSTON MA 02109

Title DIRECTOR

Name MURPHY, BARTHOLOMEW

Title DIRECTOR
Name CURLEY, KEVIN

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Title DIRECTOR

Name DODGE, LORE MORAN

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Title DIRECTOR

Name FITZPATRICK, JOHN

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Title DIRECTOR

Name GALLAGHER, MICHAEL

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Title DIRECTOR

Name HARTFORD, HARRY

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Title DIRECTOR

Name JACKSON, MICHAEL

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Title DIRECTOR

Name KESSLER, MICHELE

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Title DIRECTOR
Name MCCABE, TARA

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Title DIRECTOR

Name MCKIERNAN, WILLIAM

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Title DIRECTOR

Name MOOORE, ANGELA

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Title DIRECTOR

Name MURPHY, WILLIAM

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Title DIRECTOR

Name NAUGHTON, SHANE

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Title DIRECTOR

Name O'HANLEY, RONALD

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Title DIRECTOR

Name QUICK, THOMAS

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Title DIRECTOR

Name REYNOLDS, ROBERT

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Title DIRECTOR
Name FARRELL, EJ

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Title DIRECTOR

Name SULLIVAN, MAUREEN

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Title DIRECTOR

Name CORCORAN, SUZANNE

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Title DIRECTOR

Name MCGAVICK, MICHAEL

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Title DIRECTOR

Name O'HALLERAN, MICHAEL

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Title DIRECTOR

Name O'REILLY, ANTHONY

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Title DIRECTOR

Name QUINLAN, THOMAS

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Title DIRECTOR

Name ROONEY, JAMES

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City-State-Zip: BOSTON MA 02109

Title DIRECTOR

Name WHYTE, STEPHEN

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City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name RYAN, COLIN

Address 10 POST OFFICE SQ STE N950

City-State-Zip: BOSTON MA 02109

Title DIRECTOR

Name CAMERON, RORY

Address 10 POST OFFICE SQ STE N950

City-State-Zip: BOSTON MA 02109

Title DIRECTOR

Name FINUCANE, ANNE

Address 10 POST OFFICE SQ STE N950

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