

2024 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 832457

Entity Name: SASAKI ASSOCIATES, INC.**Current Principal Place of Business:**110 CHAUNCY STREET
SUITE 200
BOSTON, MA 02111**Current Mailing Address:**110 CHAUNCY STREET
SUITE 200
BOSTON, MA 02111 US**FEI Number:** 04-2230445**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301-2525 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 SECRETARY, TREASURER
Name ROSCOE, STEVEN M.
Address 67 MEETINGHOUSE ROAD
City-State-Zip: NORFOLK MA 02056

Title DIRECTOR
Name GROVE, MICHAEL
Address 90 HANOVER ROAD
City-State-Zip: CARLISLE MA 01741

Title DIRECTOR
Name CLAUSON, CAITLYN
Address 86 CLARK STREET
City-State-Zip: BELMONT MA 02478

Title DIRECTOR
Name PATRICK, TYLER
Address 47 CROSBY STREET
City-State-Zip: ARLINGTON MA 02474

Title DIRECTOR
Name KNOURENKO, ELIZABETH
Address 110 CHAUNCY STREET
SUITE 200
City-State-Zip: BOSTON MA 02111

Title DIRECTOR
Name ZHANG, TAO
Address 1722 COMM AVE
SUITE 2
City-State-Zip: BOSTON MA 02135

Title DIRECTOR
Name VIZGAITIS, VICTOR
Address 57 ELLERY STREET
UNIT #6
City-State-Zip: CAMBRIDGE MA 02138

Title OFFICER
Name CHRISCO, ZACHARY
Address 110 CHAUNCY STREET
SUITE 200
City-State-Zip: BOSTON MA 02111

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN M. ROSCOE**CFO****11/18/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name NG-HARDY, CHRISTOPHER
Address 110 CHAUNCY STREET
 SUITE 200
City-State-Zip: BOSTON MA 02111

Title OFFICER
Name CROWELL, SUMNER
Address 110 CHAUNCY STREET
 SUITE 200
City-State-Zip: BOSTON MA 02111