2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2019
Secretary of State
6383904917CC

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Entity Name: A.W. CHESTERTON COMPANY

Current Principal Place of Business:

860 SALEM ST.
GROVELAND, MA 01834

Current Mailing Address:

860 SALEM ST.
GROVELAND, MA 01834 US

FEI Number: 04-1173400

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	VP
Name	MAGUIRE, LEO D.
Address	860 SALEM ST.
City-State-Zip:	GROVELAND MA 01834

Title	SECRETARY
Name	BENIK, TINA
Address	860 SALEM ST.
City-State-Zip:	GROVELAND MA 01834

Title	DIRECTOR
Name	HOYLE, RICHARD F.
Address	860 SALEM ST.
City-State-Zip:	GROVELAND MA 01834

Title	DIRECTOR
Name	CHESTERTON, PAUL
Address	860 SALEM ST.
City-State-Zip:	GROVELAND MA 01834

Title	TREASURER
Name	BAIRD, MARY JANET
Address	860 SALEM ST.
City-State-Zip:	GROVELAND MA 01834

Title	PRESIDENT, DIRECTOR
Name	CHESTERTON, ANDREW
Address	860 SALEM ST.
City-State-Zip:	GROVELAND MA 01834

Title	DIRECTOR
Name	CARROLL, JOHN
Address	860 SALEM ST.
City-State-Zip:	GROVELAND MA 01834

Title	DIRECTOR
Name	BLASBURG, ARTHUR JR.
Address	860 SALEM ST.
City-State-Zip:	GROVELAND MA 01834

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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: LEO D. MAGUIRE VICE PRESIDENT 03/22/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	FORMAN, JAMES
Address	860 SALEM ST.
City-State-Zip:	GROVELAND MA 01834

Title	DIRECTOR
Name	HAYES, DAVID W.
Address	860 SALEM ST.
City-State-Zip:	GROVELAND MA 01834