

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000760

Entity Name: PLUMCHOICE, INC.

Current Principal Place of Business:

CROSS POINT
900 CHELMSFORD STREET
LOWELL, MA 01851

FILED
Apr 14, 2017
Secretary of State
CC2022034860

Current Mailing Address:

CROSS POINT
900 CHELMSFORD STREET
LOWELL, MA 01851 US

FEI Number: 41-2150040

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: NICOLE CHOUINARD

04/14/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CFO
Name CARR, JAMES
Address CROSS POINT
900 CHELMSFORD STREET
City-State-Zip: LOWELL MA 01851

Title PRESIDENT
Name SHIMONI, DAVID
Address CROSS POINT
900 CHELMSFORD STREET
City-State-Zip: LOWELL MA 01851

Title CEO
Name SHIMONI, DAVID
Address CROSS POINT
900 CHELMSFORD STREET
City-State-Zip: LOWELL MA 01851

Title DIRECTOR
Name SHIMONI, DAVID
Address CROSS POINT
900 CHELMSFORD STREET
City-State-Zip: LOWELL MA 01851

Title DIRECTOR
Name GOLDING, GARY
Address CROSS POINT
900 CHELMSFORD STREET
City-State-Zip: LOWELL MA 01851

Title DIRECTOR
Name PROULX, TOM
Address CROSS POINT
900 CHELMSFORD STREET
City-State-Zip: LOWELL MA 01851

Title DIRECTOR
Name SCHECTER, ROBERT
Address CROSS POINT
900 CHELMSFORD STREET
City-State-Zip: LOWELL MA 01851

Title DIRECTOR
Name PONTIN, RICHARD
Address CROSS POINT
900 CHELMSFORD STREET
City-State-Zip: LOWELL MA 01851

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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: DAVID SHIMONI

PRESIDENT

04/14/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CASHMAN, GILLIS
Address CROSS POINT
 900 CHELMSFORD STREET
City-State-Zip: LOWELL MA 01851

Title DIRECTOR
Name WERTH, THEODORE J
Address CROSS POINT
 900 CHELMSFORD STREET
City-State-Zip: LOWELL MA 01851