

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000002540

**Entity Name:** MEVION MEDICAL SYSTEMS, INC.**Current Principal Place of Business:**300 FOSTER STREET  
LITTLETON, MA 01460**Current Mailing Address:**300 FOSTER STREET  
LITTLETON, MA 01460 US**FEI Number:** 20-0794350**Certificate of Status Desired:** Yes**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	CEO
Name	JACHINOWSKI, JOSEPH
Address	300 FOSTER STREET
City-State-Zip:	LITTLETON MA 01460

Title	CFO
Name	MELSON, DONALD
Address	300 FOSTER STREET
City-State-Zip:	LITTLETON MA 01460

Title	SECRETARY
Name	DAVIS, PATRICIA
Address	300 FOSTER STREET
City-State-Zip:	LITTLETON MA 01460

Title	DIRECTOR
Name	MOORIN, JAY
Address	300 FOSTER STREET
City-State-Zip:	LITTLETON MA 01460

Title	DIRECTOR
Name	VOLCKER, PAUL
Address	300 FOSTER STREET
City-State-Zip:	LITTLETON MA 01460

Title	DIRECTOR
Name	TIAN, LAWRENCE
Address	300 FOSTER STREET
City-State-Zip:	LITTLETON MA 01460

Title	DIRECTOR
Name	LI, SUNNY
Address	300 FOSTER STREET
City-State-Zip:	LITTLETON MA 01460

Title	DIRECTOR
Name	D'ANGELO, PETER
Address	300 FOSTER STREET
City-State-Zip:	LITTLETON MA 01460

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

**SIGNATURE: DONALD MELSON****CFO****04/24/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title                   CHAIRMAN  
Name                 WILSON, ROBERT  
Address             300 FOSTER STREET  
City-State-Zip:   LITTLETON MA 01460

Title                   DIRECTOR  
Name                 LU, CHENG  
Address             300 FOSTER STREET  
City-State-Zip:   LITTLETON MA 01460