

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000004385

Entity Name: BLUESNAP, INC.**Current Principal Place of Business:**800 SOUTH STREET
SUITE 640
WALTHAM, MA 02453**Current Mailing Address:**800 SOUTH STREET
SUITE 640
WALTHAM, MA 02453 US**FEI Number:** 45-0479415**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT 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 PRESIDENT
Name DANGELMAIER, RALPH A. JR.
Address 800 SOUTH STREET
 SUITE 640
City-State-Zip: WALTHAM MA 02453

Title ASSISTANT SECRETARY
Name DANGELMAIER, RALPH A. JR.
Address 800 SOUTH STREET
 SUITE 640
City-State-Zip: WALTHAM MA 02453

Title DIRECTOR
Name DANGELMAIER, RALPH A. JR.
Address 800 SOUTH STREET
 SUITE 640
City-State-Zip: WALTHAM MA 02453

Title TREASURER
Name MENARD, CHRISTOPHER
Address 800 SOUTH STREET
 SUITE 640
City-State-Zip: WALTHAM MA 02453

Title CFO
Name MENARD, CHRISTOPHER
Address 800 SOUTH STREET
 SUITE 640
City-State-Zip: WALTHAM MA 02453

Title SECRETARY
Name MENARD, CHRISTOPHER
Address 800 SOUTH STREET
 SUITE 640
City-State-Zip: WALTHAM MA 02453

Title DIRECTOR
Name SADEK, ZACH
Address 800 SOUTH STREET
 SUITE 640
City-State-Zip: WALTHAM MA 02453

Title DIRECTOR
Name GOLSON, BRIAN
Address 800 SOUTH STREET
 SUITE 640
City-State-Zip: WALTHAM MA 02453

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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: JR. RALPH A. DANGELMAIER

PRESIDENT

03/26/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ANDERSON, ROBERT
Address 800 SOUTH STREET
SUITE 640
City-State-Zip: WALTHAM MA 02453

Title DIRECTOR
Name VETTEL, MATTHEW T.
Address 800 SOUTH STREET
SUITE 640
City-State-Zip: WALTHAM MA 02453

Title DIRECTOR
Name CAYER, NICHOLAS
Address 800 SOUTH STREET
SUITE 640
City-State-Zip: WALTHAM MA 02453