

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000000974

**Entity Name:** DIGIORGIO ASSOCIATES INC.

**Current Principal Place of Business:**

529 MAIN STREET  
SUITE 3303  
BOSTON, MA 02129

**Current Mailing Address:**

529 MAIN STREET  
SUITE 3303  
BOSTON, MA 02129 US

**FEI Number:** 04-2842901

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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  
Name BERECHÉ, ALFRED  
Address 3 AERIAL WAY  
City-State-Zip: SYOSSET NY 11791

Title VP, DIRECTOR  
Name ZYCHOWICZ, JOHN JR.  
Address 529 MAIN STREET  
SUITE 3303  
City-State-Zip: BOSTON MA 02129

Title SENIOR VP/DIRECTOR  
Name SMITH, MICHAEL  
Address 3 AERIAL WAY  
City-State-Zip: SYOSSET NY 11791

Title DIRECTOR  
Name MANNING, B. CHARLES  
Address 3 AERIAL WAY  
City-State-Zip: SYOSSET NY 11791

Title PRESIDENT/DIRECTOR  
Name TROTTA, ROCCO  
Address 3 AERIAL WAY  
City-State-Zip: SYOSSET NY 11791

Title EXECUTIVE VICE PRESIDENT  
Name BURTON, MICHAEL  
Address 3 AERIAL WAY  
City-State-Zip: SYOSSET NY 11791

Title VP  
Name LUCHETTI, CHRISTOPHER  
Address 529 MAIN STREET  
SUITE 3303  
City-State-Zip: BOSTON MA 02129

*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:** ALFRED BERECHÉ

**SECRETARY**

**04/25/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date