

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15450

FILED
Jan 16, 2018
Secretary of State
CC2875161192

Entity Name: RESOURCES MANAGEMENT CORP.

Current Principal Place of Business:

CORPORATE CENTER WEST
433 SOUTH MAIN ST, SUITE 200
WEST HARTFORD, CT 06110

Current Mailing Address:

CORPORATE CENTER WEST
433 SOUTH MAIN ST, SUITE 200
WEST HARTFORD, CT 06110

FEI Number: 06-0944880

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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 DIRECTOR
Name LOEHMANN, FRANK MJR
Address 17 STONEGATE CIRCLE
City-State-Zip: CHESHIRE CT 06410

Title SVP
Name FLAMIO, DONNA B.
Address 34 FAIRVIEW DRIVE
City-State-Zip: FARMINGTON CT 06032

Title D
Name OWSIANIK, LINDA R
Address 1500 WALNUT WAY
City-State-Zip: THE VILLAGES FL 32163

Title SVP
Name FULLER, THOMAS P
Address 195 MOUNTAIN RD
City-State-Zip: N. GRANBY CT 06060

Title PD
Name HERLIHY, MICHAEL W
Address 173 SEASIDE AVE
City-State-Zip: WESTBROOK CT 06498

Title SECRETARY
Name HENZY, MARY C
Address 295 RIDGE RD APT #6
City-State-Zip: WETHERSFIELD CT 06109

Title VP
Name PETERSON, GUY A
Address 3 CHERNISKE ROAD
City-State-Zip: NEW MILFORD CT 06776

Title VP
Name JOHNSTONE, DIANE
Address 7 DEER HILL ROAD
City-State-Zip: COLEBROOK CT 06021-4209

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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: MICHAEL W. HERLIHY

PRESIDENT

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name WEAVER, WILLIAM
Address 1016 GARDEN ROAD
City-State-Zip: ORANGE CT 06477

Title VP
Name HUTCHESON, KATHRYN
Address 52 BONNY VIEW ROAD
City-State-Zip: WEST HARTFORD CT 06107

Title VP
Name TERZIAN, MATTHEW
Address PO BOX 1179
City-State-Zip: LITCHFIELD CT 06759-1179