# **2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F0500002823

Entity Name: WESTON & SAMPSON, INC.

## **Current Principal Place of Business:**

55 WALKERS BROOK DRIVE, SUITE 100 READING. MA 01867

## **Current Mailing Address:**

55 WALKERS BROOK DRIVE, SUITE 100 READING, MA 01867 US

## FEI Number: 20-1998367

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

Certificate of Status Desired: No

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:

Title

Title

Title

Title

Electronic Signature of Registered Agent Officer/Director Detail : DIRECTOR/ASSISTANT TREASURER Title PRESIDENT/ CHIEF EXECUTIVE OFFICER COOK, BARBARA K Name SCIPIONE, MICHAEL J Name 55 WALKERS BROOK DRIVE, SUITE Address **5 CENTENNIAL DRIVE** Address 100 City-State-Zip: READING MA 01867 City-State-Zip: PEABODY MA 01960 D Title т Name GOOBER, ROBERT A Name SCIPIONE, MICHAEL J **5 CENTENNIAL DRIVE 5 CENTENNIAL DRIVE** Address Address City-State-Zip: PEABODY MA 01960 City-State-Zip: PEABODY MA 01960 S Title D Name SCIPIONE, MICHAEL J GOOBER, ROBERT A Name Address **5 CENTENNIAL DRIVE 5 CENTENNIAL DRIVE** Address City-State-Zip: PEABODY MA 01960 City-State-Zip: PEABODY MA 01960 Title D D Name MASTROCOLA, RICHARD E Name BOCCHINO, JR., JOHN A Address **5 CENTENNIAL DRIVE** Address **5 CENTENNIAL DRIVE** PEABODY MA 01960 City-State-Zip: City-State-Zip: PEABODY MA 01960

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: MICHAEL SCIPIONE

DIRECTOR

05/01/2019

Date

Electronic Signature of Signing Officer/Director Detail

Date

# FILED May 01, 2019 Secretary of State 6123799580CC

#### **Officer/Director Detail Continued :**

Title	DIRECTOR/ASSISTANT TREASURER	Title	DIRECTOR & ASSISTANT CLERK
Name	COOK, BARBARA K	Name	RICCIARDI, FRANCIS M
Address	5 CENTENNIAL DRIVE	Address	5 CENTENNIAL DRIVE
City-State-Zip:	PEABODY MA 01960	City-State-Zip:	PEABODY MA 01960
Title	DIRECTOR	Title	DIRECTOR
Name	RICHARD, STEPHEN	Name	JOHANNSEN, STEPHEN D
Address	55 WALKERS BROOK DRIVE, SUITE 100	Address	5 CENTENNIAL DRIVE
City-State-Zip:	READING MA 01867	City-State-Zip:	PEABODY MA 01960
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR HORNER, ROBERT	Title Name	DIRECTOR KENNER, TODD
	DIRECTOR HORNER, ROBERT 55 WALKERS BROOK DRIVE, SUITE 100		KENNER, TODD 55 WALKERS BROOK DRIVE, SUITE
Name	HORNER, ROBERT	Name	KENNER, TODD
Name Address	HORNER, ROBERT 55 WALKERS BROOK DRIVE, SUITE 100	Name Address City-State-Zip:	KENNER, TODD 55 WALKERS BROOK DRIVE, SUITE 100 READING MA 01867
Name Address City-State-Zip:	HORNER, ROBERT 55 WALKERS BROOK DRIVE, SUITE 100 READING MA 01867	Name Address City-State-Zip: Title	KENNER, TODD 55 WALKERS BROOK DRIVE, SUITE 100 READING MA 01867 DIRECTOR
Name Address City-State-Zip: Title	HORNER, ROBERT 55 WALKERS BROOK DRIVE, SUITE 100 READING MA 01867 DIRECTOR	Name Address City-State-Zip: Title Name	KENNER, TODD 55 WALKERS BROOK DRIVE, SUITE 100 READING MA 01867 DIRECTOR ALBERTI, JEFFREY
Name Address City-State-Zip: Title Name	HORNER, ROBERT 55 WALKERS BROOK DRIVE, SUITE 100 READING MA 01867 DIRECTOR GALLUCCI, DONALD	Name Address City-State-Zip: Title	KENNER, TODD 55 WALKERS BROOK DRIVE, SUITE 100 READING MA 01867 DIRECTOR