

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000001103

Entity Name: UNITIO, INC.

**Current Principal Place of Business:**

11 AVENUE DE LAFAYETTE  
5TH FLOOR  
BOSTON, MA 02111

**FILED**  
**Apr 27, 2021**  
**Secretary of State**  
**9911165917CC**

**Current Mailing Address:**

11 AVENUE DE LAFAYETTE  
5TH FLOOR  
BOSTON, MA 02111 US

FEI Number: 45-1623549

Certificate of Status Desired: No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
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: JASON DANA COSTA

04/27/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name NORRIS-GEARY, MARIJANE  
Address 11 AVENUE DE LAFAYETTE  
City-State-Zip: BOSTON MA 02111

Title TREASURER, DIRECTOR  
Name COLLINS, JACK  
Address 11 AVENUE DE LAFAYETTE  
5TH FLOOR  
City-State-Zip: BOSTON MA 02111

Title DIRECTOR  
Name RYAN, KEITH  
Address 11 AVENUE DE LAFAYETTE  
5TH FLOOR  
City-State-Zip: BOSTON MA 02111

Title DIRECTOR  
Name HURLEY, DOMINIQUE  
Address 11 AVENUE DE LAFAYETTE  
5TH FLOOR  
City-State-Zip: BOSTON MA 02111

Title DIRECTOR, CEO, PRESIDENT,  
SECRETARY  
Name WALTON, DAVID  
Address 11 AVENUE DE LAFAYETTE  
5TH FLOOR  
City-State-Zip: BOSTON MA 02111

Title DIRECTOR  
Name KEITNER, HAYDON  
Address 11 AVENUE DE LAFAYETTE  
5TH FLOOR  
City-State-Zip: BOSTON MA 02111

Title DIRECTOR  
Name MOHR, JAY  
Address 11 AVENUE DE LAFAYETTE  
5TH FLOOR  
City-State-Zip: BOSTON MA 02111

Title DIRECTOR  
Name ALTINGER, RICK  
Address 11 AVENUE DE LAFAYETTE  
5TH FLOOR  
City-State-Zip: BOSTON MA 02111

**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: DAVID WALTON

SECRETARY

04/27/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BROOKS, JOHN III  
Address        11 AVENUE DE LAFAYETTE  
                  5TH FLOOR  
City-State-Zip: BOSTON MA 02111