The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512 Telephone: (617) 727-9640

ANNUAL REPORT | 50000823

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Contact Person: Tracy Bowen

| IDENTIFICATION | | Filing for November 1, 2 | Filing for November 1, 20 14 | |
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| NO. 20-2678120 | | | | |
| • | • | Chapter one hundred and eighty (180) of the General Laws: | | |
| . NAME: Cape Anr | Vernal Pond Team, Inc. | | | |
| 2. ADDRESS: 366 Ma | | | | |
| Gloucester, MA 01 | (number) | (street) | - · · · · · · · · · · · · · · · · · · · | |
| <u></u> | (city or town) | (state) (zip) | · · · · · · · · · · · · · · · · · · · | |
| 3. DATE OF THE LAS | ST ANNUAL MEETING: _^ | лагс <u>н 13, 2014</u> | | |
| 4. If the corporation is a lishing the trust. (che | • • | t hold perpetual care funds in trust and attach a copy of the writt | en agreement estab- | |
| | corporation certifies that perp he trust is attached. | etual care funds are held in trust and a copy of the written agrees | nent | |
| OR | | | | |
| The cemetery | corporation hereby certifies th | nat it does not hold perpetual care funds in trust. | | |
| | addresses of the president, treas : (PLEASE TYPE OR PRINT) | surer, clerk, at least one director of the corporation, and the date). | on which the term | |
| NAME OF OFFICE | NAME | ADDRESSES Number, Street, City or Town, State and Zip Code | EXPIRATION OF TERM OF OFFICE | |
| President: | Matthew Burne | 80 Cross Street, Malden MA 02148 | March 2016 | |
| Treasurer: | Tracy Bowen | 20 Haven Terrace, Gloucester MA 01930 | March 2015 | |
| Clerk: (or Secretary) | Nicola Cataldo | 6 Eisenhower Road, Framingham MA 01701 | March 2015 | |
| Directors: | Richard Roth, Executive Di | rector 366 Main Street, Gloucester MA 01930 | for duration of | |
| (or Officers having the | Sam Bevins, Vice Presiden | t 11 Gee Avenue, Gloucester MA 01930 | tenure as ED March 2016 | |
| powers of Directors) | Dan Wells, Director | 210 Summer Street Unit 2, Somerville MA 02143 | March 2015 | |
| t, the undersigned <u>Tra</u> corporation, in compliants | | being the Treasurer er 180, hereby certify that the information above is true and com | of the above-name | |
| IN WITNESS WHERE day of January | EOF AND UNDER PENALT | TES OF PERJURY, I hereto sign my name on this 31st, 20 | | |
| Signature: | uy Po | Tide: Treasurer | | |

Contact Person Telephone #: 978-283-4045