	The Commonwealth William Frar		Minimum Fee: \$15
	Secretary of the Commonwea One Ashburton P Boston, MA (Telephone: (61	lace, 17th floor 02108-1512	
nnual Report eneral Laws, Chapter 180)		
dentification Number: (000893379		
iling for November 1, <u>2</u>	020		
n compliance with the re aws:	equirements of Section 26A of	Chapter one hundred and eighty (18	80) of the Gener
. Exact name of the cor	poration: <u>CAPE ANN VERN</u>	AL POND TEAM, INC.	
—	<u>366 MAIN STREET #2</u> <u>GLOUCESTER</u> State:	: <u>MA</u> Zip: <u>01930</u> Coun	ntry: <u>USA</u>
B. DATE OF THE LAST AN if none leave blank)	NNUAL MEETING: <u>03/15/2020</u> treet addresses of all officers,		
B. DATE OF THE LAST AN if none leave blank) I. State the names and s late on which the term o	NNUAL MEETING: <u>03/15/2020</u> treet addresses of all officers, of office of each expires:	♦ (mm/dd/yyyy) including all the directors of the cor	rporation, and th
. DATE OF THE LAST AN if none leave blank)	NNUAL MEETING: <u>03/15/2020</u> treet addresses of all officers,	🎸 (mm/dd/yyyy)	
5. DATE OF THE LAST AN if none leave blank) 4. State the names and s late on which the term o	NNUAL MEETING: <u>03/15/2020</u> street addresses of all officers, of office of each expires: Individual Name	(mm/dd/yyyy) including all the directors of the cor Address (no PO Box)	poration, and th
B. DATE OF THE LAST AN if none leave blank) I. State the names and s late on which the term of Title	NNUAL MEETING: <u>03/15/2020</u> treet addresses of all officers, of office of each expires: Individual Name First, Middle, Last, Suffix	(mm/dd/yyyy) including all the directors of the cor Address (no PO Box) Address, City or Town, State, Zip Code 343 ESSEX AVENUE	poration, and th Expiration of Term
B. DATE OF THE LAST AN if none leave blank) I. State the names and s late on which the term of Title PRESIDENT	NNUAL MEETING: <u>03/15/2020</u> street addresses of all officers, of office of each expires: Individual Name First, Middle, Last, Suffix NICOLO TAORMINA	(mm/dd/yyyy) including all the directors of the cor Address (no PO Box) Address, City or Town, State, Zip Code 343 ESSEX AVENUE GLOUCESTER, MA 01930 USA 40 BEACON STREET	rporation, and th Expiration of Term none
B. DATE OF THE LAST AN if none leave blank) I. State the names and so late on which the term of Title PRESIDENT TREASURER	NNUAL MEETING: <u>03/15/2020</u> Street addresses of all officers, of office of each expires: Individual Name First, Middle, Last, Suffix NICOLO TAORMINA VICTORIA ROLF	(mm/dd/yyyy) including all the directors of the cor Address (no PO Box) Address, City or Town, State, Zip Code 343 ESSEX AVENUE GLOUCESTER, MA 01930 USA 40 BEACON STREET GLOUCESTER, MA 01930 USA 40 BEACON STREET GLOUCESTER, MA 01930 USA	rporation, and th Expiration of Term none none
B. DATE OF THE LAST AN if none leave blank) I. State the names and solution the term of term	NNUAL MEETING: 03/15/2020 treet addresses of all officers, of office of each expires: Individual Name First, Middle, Last, Suffix NICOLO TAORMINA VICTORIA ROLF VICTORIA ROLF	(mm/dd/yyyy) including all the directors of the cor Address (no PO Box) Address, City or Town, State, Zip Code 343 ESSEX AVENUE GLOUCESTER, MA 01930 USA 40 BEACON STREET GLOUCESTER, MA 01930 USA 40 BEACON STREET GLOUCESTER, MA 01930 USA 57 BASS AVENUE	rporation, and the Expiration of Term none none none

5. Check if the corporation is a cemetery corporation that does NOT hold perpetual care funds in trust. If the corporation is a cemetery corporation that holds perpetual care funds in trust, a copy of the written instrument establishing the trust and any amendments thereto must be attached, and the annual report must be filed by facsimile, mail or in person.

I, the undersigned, <u>COLLEEN ANDERSON</u> of the above-named business entity, in compliance with the General Laws, Chapter 180, hereby certify that the above information is true and correct as of the dates shown. IN WITNESS WHEREOF AND UNDER PENALTIES OF PERJURY, I hereto sign my name on this 2 Day of February, 2021.

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