

1.) CORPORATION NAME:

CROSS COUNTRY MOTOR CLUB, INC.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0280455**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	7,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE CABOT ROAD
4TH FLOOR

CITY/ST/ZIP: MEDFORD, MA 02155

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DAVID P FERRICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	123 GRANT STREET		
CITY/ST/ZIP/CO:	LEXINGTON, MA 02420		

NAME:	HOWARD L WOLK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	57 FRANCIS AVE		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02133		

NAME:	JEFFREY C WOLK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	45 WOODLAND ROAD		
CITY/ST/ZIP/CO:	CHESTNUT HILL, MA 02467		

NAME:	THOMAS P GRAHAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/T		
ADDRESS:	45 BARTLETTS REACH		
CITY/ST/ZIP/CO:	AMESBURY, MA 01913		

NAME:	PETER C NECHELES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CLERK/VP/GC		
ADDRESS:	46 PETER TUFTS ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, MA 02474		

NAME:	JAMES E FAULKNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	19 PRINCETON ROAD		
CITY/ST/ZIP/CO:	BURLINGTON, MA 01803		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SIDNEY D WOLK CHAIRMAN 330 BEACON STREET B54 BOSTON, MA 02116	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARGARET G WARD CFO 9 WALNUT ST NEWBURYPORT, MA 01950	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JAMES E FAULKNER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES E FAULKNER, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	5/30/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			