

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214533319

1.) CORPORATION NAME:

CAMBRIA CONSULTING, INC.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1143736**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	15,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE BOWDOIN SQ., 9TH FL.

CITY/ST/ZIP: BOSTON, MA 02114

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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GEORGE O. KLEMP		
TITLE:	PRESIDENT		
ADDRESS:	63 EDGEWATER COMMONS LN		
CITY/ST/ZIP/CO:	WESTPORT, CT 06880		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	COLLEEN C GENTRY		
TITLE:	VICE PRESIDENT		
ADDRESS:	172 HANGING ROCK VILLAS #421		
CITY/ST/ZIP/CO:	SEVEN DEVILS, NC 28604		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN W HENDRICKOSN		
TITLE:	VICE PRESIDENT		
ADDRESS:	38 LORENA ROAD		
CITY/ST/ZIP/CO:	WINCHESTER, MA 01890		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ELLEN N. KUMATA		
TITLE:	VICE PRESIDENT		
ADDRESS:	17 SHEPARD ST.		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02138		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SCOTT H SIMPSON		
TITLE:	VICE PRESIDENT		
ADDRESS:	626 FOREST ST		
CITY/ST/ZIP/CO:	NORTH ANDOVER, MA 01845		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEPHEN F. NEUBERT		
TITLE:	TREASURER		
ADDRESS:	234 MAIN STREET		
CITY/ST/ZIP/CO:	MEDFORD, MA 02155		

NAME: SUSAN A ROUSSELL OFFICER DIRECTOR
TITLE: SECRETARY
ADDRESS: 8 RIDGE HILL ROAD
CITY/ST/ZIP/CO: NORWELL, MA 02061-1827

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.

<u>/s/ SUSAN A ROUSSELL</u>	<u>SUSAN A ROUSSELL,</u>	<u>6/27/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	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.