

1.) CORPORATION NAME:

NORTH AMERICAN FAMILY INSTITUTE, INC.

DUE DATE: **10/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

WILLIAM ATWELL

16450 MEADOWVIEW CT

LEESBURG, VA 20175

SCC ID NO: **F1396581**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 26 HOWLEY ST

CITY/ST/ZIP: PEABODY, MA 01960-

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: DANIEL NAKAMOTO
TITLE: T/EXEC DIR OF A
ADDRESS: 238 HIGHLAND AVENUE
CITY/ST/ZIP/CO: WINCHESTER, MA 01890-

OFFICER

DIRECTOR

NAME: HOWARD RICH
TITLE: COB
ADDRESS: 289 OCEAN AVENUE
CITY/ST/ZIP/CO: MARLEHEAD, MA 01945-

OFFICER

DIRECTOR

NAME: DR BARBARA VINICK
TITLE: CLERK
ADDRESS: 72 BRADLEY AVENUE
CITY/ST/ZIP/CO: SWAMPSCOTT, MA -

OFFICER

DIRECTOR

NAME: DR. NANCY GROSSMAN
TITLE: DIRECTOR
ADDRESS: 44 IRVING STREET UNIT C
CITY/ST/ZIP/CO: CAMBRIDGE, MA 02138-

OFFICER

DIRECTOR

NAME: DENNIS LEWIS
TITLE: DIRECTOR
ADDRESS: 10226 EVERLEY TERRACE
CITY/ST/ZIP/CO: LANHAM, MD 20706-

OFFICER

DIRECTOR

NAME: DR WILLIAM MADAUS TITLE: DIRECTOR ADDRESS: 8 WICKERTREE LANE CITY/ST/ZIP/CO: PLYMOUTH, MA 02630-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROGER MARCORELLE TITLE: DIRECTOR ADDRESS: 171 JERSEY STREET CITY/ST/ZIP/CO: MARBLEHEAD, MA 01945-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES ZAFRIS TITLE: DIRECTOR ADDRESS: 264 HIGH STREET CITY/ST/ZIP/CO: NEWBURYPORT, MA 01950-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARGARET N ZUSKY TITLE: DIRECTOR ADDRESS: 234 LOWELL ROAD CITY/ST/ZIP/CO: WELLESLEY, MA 02181-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BARNET WEINSTEIN TITLE: DIRECTOR ADDRESS: 790 BOYLSTON ST APT 19H CITY/ST/ZIP/CO: BOSTON, MA 02199-	<input type="checkbox"/> OFFICER <input checked="" 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.	
<u>/s/ DANIEL NAKAMOTO</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL NAKAMOTO, T/EXEC DIR OF A _____ PRINTED NAME AND CORPORATE TITLE
<u>10/12/2011</u> 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.	