

1.) CORPORATION NAME:

NORTH AMERICAN FAMILY INSTITUTE, INC.

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	T/EXEC DIR OF A		
ADDRESS:	238 HIGHLAND AVENUE		
CITY/ST/ZIP/CO:	WINCHESTER, MA 01890		
NAME:	HOWARD RICH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COB		
ADDRESS:	289 OCEAN AVENUE		
CITY/ST/ZIP/CO:	MARLEHEAD, MA 01945		
NAME:	DR BARBARA VINICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CLERK		
ADDRESS:	72 BRADLEY AVENUE		
CITY/ST/ZIP/CO:	SWAMPSCOTT, MA		
NAME:	DR. NANCY GROSSMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	44 IRVING STREET UNIT C		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02138		
NAME:	DENNIS LEWIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10226 EVERLEY TERRACE		
CITY/ST/ZIP/CO:	LANHAM, MD 20706		
NAME:	DR WILLIAM MADAUS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8 WICKERTREE LANE		
CITY/ST/ZIP/CO:	PLYMOUTH, MA 02630		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER MARCORELLE DIRECTOR 171 JERSEY STREET MARBLEHEAD, MA 01945	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARNET WEINSTEIN DIRECTOR 790 BOYLSTON ST APT 19H BOSTON, MA 02199	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES ZAFRIS DIRECTOR 264 HIGH STREET NEWBURYPORT, MA 01950	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARGARET N ZUSKY DIRECTOR 234 LOWELL ROAD WELLESLEY, MA 02181	<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.			
/s/ DANIEL NAKAMOTO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL NAKAMOTO, T/EXEC DIR OF A PRINTED NAME AND CORPORATE TITLE	10/18/2012 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.			