

1.) CORPORATION NAME: **NORTH AMERICAN FAMILY INSTITUTE, INC.** DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **WILLIAM ATWELL
16450 MEADOWVIEW CT
LEESBURG, VA** SCC ID NO: **F1396581**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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:	DR. YITZHAK BAKAL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	80 PARK STREET #22		
CITY/ST/ZIP/CO:	BROOKLINE, MA 02446		

NAME:	HILDEGARDE PARIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	29 EMERSON WAY		
CITY/ST/ZIP/CO:	CENTERVILLE, MA 02632		

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:	DANIEL NAKAMOTO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	238 HIGHLAND AVENUE		
CITY/ST/ZIP/CO:	WINCHESTER, MA 01890		

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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS LEWIS DIRECTOR 10226 EVERLEY TERRACE LANHAM, MD 20706	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR WILLIAM MADAUS DIRECTOR 8 WICKERTREE LANE PLYMOUTH, MA 02630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ DR. YITZHAK BAKAL	DR. YITZHAK BAKAL, PRESIDENT	11/26/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.