

1.) CORPORATION NAME:

Mac Risk Management, Inc.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1429200**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1385 HANCOCK STREET

CITY/ST/ZIP: QUINCY, MA 02169-5103

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:	NICHOLAS PARILLO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	45 DAN RD		
CITY/ST/ZIP/CO:	CANTON, MA 02021		

NAME:	GREGORY A STAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	185 CAMPANELLI DRIVE		
CITY/ST/ZIP/CO:	BRAINTREE, MA 02184		

NAME:	KAREN BRAINARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	45 DAN RD		
CITY/ST/ZIP/CO:	CANTON, MA 02021		

NAME:	THOMAS A. HIPPLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	45 DAN ROAD		
CITY/ST/ZIP/CO:	CANTON, MA 02021		

NAME:	STEVEN WEISMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	45 DAN ROAD		
CITY/ST/ZIP/CO:	CANTON, MA 02021		

NAME:	THOMAS HIPPLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13815 HANCOCK ST		
CITY/ST/ZIP/CO:	QUINCY, MA 02169		

NAME: Nicholas Parillo OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 1385 Hancock Street
CITY/ST/ZIP/CO: Quincy, MA 02169-5103

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/ KAREN BRAINARD</u>	<u>KAREN BRAINARD, ASST</u>	<u>8/29/2013</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.