

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212549500

1.) CORPORATION NAME:

**Cambridge Credit Counseling Corp.**

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

SCC ID NO: **F1603622**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 67 HUNT ST

CITY/ST/ZIP: AGAWAM, MA 01001

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:	CHRISTOPHER A VIALE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/CEO		
ADDRESS:	15 BRIMFIELD WAY		
CITY/ST/ZIP/CO:	WESTFIELD, MA 01085		

NAME:	THOMAS W HEBERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/T		
ADDRESS:	4 STEEPLECHASE ROAD		
CITY/ST/ZIP/CO:	EAST WINDSOR, CT 06088		

NAME:	TRACY J GUAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	19 WELLFLEET DRIVE		
CITY/ST/ZIP/CO:	WEST SPRINGFIELD, MA 01089		

NAME:	JOHN D CONNOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	84 RIDGE ROAD		
CITY/ST/ZIP/CO:	EAST LONGMEADOW, MA 01028		

NAME:	ALFRED H COLONNA, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN, VP		
ADDRESS:	303 STEIGER DRIVE		
CITY/ST/ZIP/CO:	WESTFIELD, MA 01085		

NAME:	LIAM P REYNOLDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15 GREENLEAF STREET		
CITY/ST/ZIP/CO:	SPRINGFIELD, MA 01108		

NAME: DEAN R OKEEFE TITLE: DIRECTOR ADDRESS: 80 CRANE NECK STREET CITY/ST/ZIP/CO: WEST NEWBURY, MA 01985	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN H DLUGOENSKI TITLE: DIRECTOR ADDRESS: 35 PINERIDGE DRIVE CITY/ST/ZIP/CO: WESTFIELD, MA 01085	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN J KRAWCZYNSKI TITLE: DIRECTOR ADDRESS: 36 CRYSTAL RIDGE DRIVE CITY/ST/ZIP/CO: ELLINGTON, CT 06029	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SALVATORE (SAM) J PIZZANELLI TITLE: DIRECTOR ADDRESS: 80 STONEHILL ROAD CITY/ST/ZIP/CO: EAST LONGMEADOW, MA 01028	<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/ TRACY J GUAY	TRACY J GUAY, SECRETARY	12/24/2012
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.		