

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213558099

1.) CORPORATION NAME:

Cambridge Credit Counseling Corp.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1603622**

5.) STOCK INFORMATION

CLASS AUTHORIZED

RICHMOND, VA

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 OFFICER DIRECTOR
TITLE: PRESIDENT/CEO
ADDRESS: 15 BRIMFIELD WAY
CITY/ST/ZIP/CO: WESTFIELD, MA 01085

NAME: ALFRED H COLONNA, JR. OFFICER DIRECTOR
TITLE: CHAIRMAN, VP
ADDRESS: 303 STEIGER DRIVE
CITY/ST/ZIP/CO: WESTFIELD, MA 01085

NAME: THOMAS W HEBERT OFFICER DIRECTOR
TITLE: CFO/T
ADDRESS: 4 STEEPLECHASE ROAD
CITY/ST/ZIP/CO: EAST WINDSOR, CT 06088

NAME: TRACY J GUAY OFFICER DIRECTOR
TITLE: SECRETARY
ADDRESS: 19 WELLFLEET DRIVE
CITY/ST/ZIP/CO: WEST SPRINGFIELD, MA 01089

NAME: JOHN D CONNOR OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 84 RIDGE ROAD
CITY/ST/ZIP/CO: EAST LONGMEADOW, MA 01028

NAME: JOHN H DLUGOENSKI OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 35 PINERIDGE DRIVE
CITY/ST/ZIP/CO: WESTFIELD, MA 01085

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN J KRAWCZYNSKI DIRECTOR 36 CRYSTAL RIDGE DRIVE ELLINGTON, CT 06029	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEAN R OKEEFE DIRECTOR 80 CRANE NECK STREET WEST NEWBURY, MA 01985	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SALVATORE (SAM) J PIZZANELLI DIRECTOR 80 STONEHILL ROAD EAST LONGMEADOW, MA 01028	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LIAM P REYNOLDS DIRECTOR 15 GREENLEAF STREET SPRINGFIELD, MA 01108	<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/ CHRISTOPHER A VIALE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTOPHER A VIALE, PRESIDENT/CEO PRINTED NAME AND CORPORATE TITLE	12/2/2013 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.			