

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213543151

1.) CORPORATION NAME:

The S/L/A/M Collaborative, Inc.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1684176**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	40,000
PREF A	60,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 80 GLASTONBURY BLVD

CITY/ST/ZIP: GLASTONBURY, CT 06033

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: ROBERT F PULITO OFFICER DIRECTOR
 TITLE: PRESIDENT
 ADDRESS: 80 GLASTONBURY BLVD
 CITY/ST/ZIP/CO: GLASTONBURY, CT 06033-4415

NAME: Brenda J Johnson OFFICER DIRECTOR
 TITLE: ASST Secretary
 ADDRESS: 80 GLASTONBURY BLVD
 CITY/ST/ZIP/CO: GLASTONBURY, CT 06033-4415

NAME: DANIEL S KANTOR OFFICER DIRECTOR
 TITLE: TREASURER
 ADDRESS: 80 GLASTONBURY BLVD
 CITY/ST/ZIP/CO: GLASTONBURY, CT 06033-4415

NAME: Steven W Ansel OFFICER DIRECTOR
 TITLE: CHAIRMAN
 ADDRESS: 80 GLASTONBURY BLVD
 CITY/ST/ZIP/CO: GLASTONBURY, CT 06033-4415

NAME: KYLE C SLOCUM OFFICER DIRECTOR
 TITLE: SECRETARY
 ADDRESS: 80 GLASTONBURY BLVD
 CITY/ST/ZIP/CO: GLASTONBURY, CT 06033

NAME: RICHARD T CONNELL OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: 80 GLASTONBURY BLVD
 CITY/ST/ZIP/CO: GLASTONBURY, CT 06033

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLENN R GOLLENBERG DIRECTOR 80 GLASTONBURY BLVD GLASTONBURY, CT 06033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM H KARANIAN DIRECTOR 80 GLASTONBURY BLVD GLASTONBURY, CT 06033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY JO OLENICK DIRECTOR 80 GLASTONBURY BLVD GLASTONBURY, CT 06033-4415	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SIDNEY A WARD DIRECTOR 1123 ZONOLITE ROAD ATLANTA, GA 30306	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Terri L Frink DIRECTOR 80 Glastonbury Blvd Glastonbury, CT 06033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lucille Conway ASST TREASURER 80 Glastonbury Blvd Glastonbury, CT 06033	<input checked="" type="checkbox"/> OFFICER	<input 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/ Lucille Conway SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Lucille Conway, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	9/16/2013 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.			