

1.) CORPORATION NAME:

DUE DATE: **4/30/2014**

Symmes, Maini & McKee Associates, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1857475**

**NATIONAL CORPORATE RESEARCH, LTD.
250 BROWNS HILL COURT
MIDLOTHIAN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	250,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 MASSACHUSETTS AVENUE

CITY/ST/ZIP: CAMBRIDGE, MA 02138

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.

<p>NAME: ARA KRAFIAN TITLE: PRESIDENT ADDRESS: 126 CRESTVIEW RD CITY/ST/ZIP/CO: BELMONT, MA 02478</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARIE E. FITZGERALD TITLE: VICE PRESIDENT ADDRESS: 44 VIDEN ROAD CITY/ST/ZIP/CO: QUINCY, MA 02136</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ALEX C PITKIN TITLE: VICE PRESIDENT ADDRESS: 57 MOORE STREET CITY/ST/ZIP/CO: SOMERVILLE, MA 02144</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARK A. SPAULDING TITLE: VICE PRESIDENT ADDRESS: 8 PUTNAM STREET CITY/ST/ZIP/CO: CHARLESTOWN, MA 02129</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: EDWARD R. FRENETTE TITLE: VICE PRESIDENT ADDRESS: 42 SHIPWAY PLACE CITY/ST/ZIP/CO: CHARLESTOWN, MA 02129</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL F. HOLLAND TITLE: VICE PRESIDENT ADDRESS: 670 RIDGE ROAD CITY/ST/ZIP/CO: HARDWICK, MA 01037</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW K OLDEMAN VICE PRESIDENT 4 PLUM HILL ROAD MANCHESTER, MA 01944	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANA W WATTS VICE PRESIDENT 111 WINDY RUSH LANE CARY, NC 27518	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN W. LAWLOR TREASURER 76 HOWLAND STREET NEEDHAM, MA 02492	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOEL G. SEELEY SECRETARY 287 WEEST ACTON ROAD STOW, MA 01775	<input checked="" 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/ ARA KRAFIAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ARA KRAFIAN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/3/2014 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.			