

1.) CORPORATION NAME:

**Symmes, Maini & McKee Associates, Inc.**

DUE DATE: **4/30/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1857475**

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.

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

NAME: ANDREW K OLDEMAN TITLE: VICE PRESIDENT ADDRESS: 4 PLUM HILL ROAD CITY/ST/ZIP/CO: MANCHESTER, MA 01944	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DANA W WATTS TITLE: VICE PRESIDENT ADDRESS: 111 WINDY RUSH LANE CITY/ST/ZIP/CO: CARY, NC 27518	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: BRIAN W. LAWLOR TITLE: TREASURER ADDRESS: 76 HOWLAND STREET CITY/ST/ZIP/CO: NEEDHAM, MA 02492	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOEL G. SEELEY TITLE: SECRETARY ADDRESS: 287 WEEST ACTON ROAD CITY/ST/ZIP/CO: 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	ARA KRAFIAN, PRESIDENT	4/29/2016
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.		