

1.) CORPORATION NAME:

LandVest, Inc.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1914268**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	160,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: TEN POST OFFICE SQUARE

CITY/ST/ZIP: BOSTON, MA 02109

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: STEPHEN J MONGAN TITLE: PRESIDENT ADDRESS: 16 CENTRE STREET CITY/ST/ZIP/CO: CONCORD, NH 03301	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD CARBONETTI TITLE: VICE PRESIDENT ADDRESS: 5806 US ROUTE 5 CITY/ST/ZIP/CO: SUITE 2 NEWPORT, VT 05855	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID A ROSEN TITLE: VICE PRESIDENT ADDRESS: TEN POST OFFICE SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02109	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RUTH KENNEDY SUDDUTH TITLE: VICE PRESIDENT ADDRESS: TEN POST OFFICE SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02109	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID KING TITLE: VICE PRESIDENT ADDRESS: 7640 NORTH STATE STREET CITY/ST/ZIP/CO: LOWVILLE, NY 13367	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LESTER ALAN MACKEY TITLE: VICE PRESIDENT ADDRESS: 141-B HIGHWAY 27 EAST CITY/ST/ZIP/CO: AMERICUS, GA 31709	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: DAVID SPEIRS TITLE: VICE PRESIDENT ADDRESS: ONE CITY CENTER 11TH FLOOR CITY/ST/ZIP/CO: PORTLAND, ME 04101	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN P GRAVES TITLE: TREASURER ADDRESS: TEN POST OFFICE SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02109	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TERESA A BELMONTE TITLE: SECRETARY ADDRESS: 60 STATE STREET CITY/ST/ZIP/CO: BOSTON, MA 02109	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JESSICA L MACKENZIE TITLE: ASST SECRETARY ADDRESS: TEN POST OFFICE SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02109	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROBERT R BORDEN III TITLE: CHAIRMAN ADDRESS: TEN POST OFFICE SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02109	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SLATER W ANDERSON TITLE: DIRECTOR ADDRESS: TEN POST OFFICE SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02109	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TERRENCE MAITLAND TITLE: DIRECTOR ADDRESS: TEN POST OFFICE SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02109	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPH L TAGGART TITLE: DIRECTOR ADDRESS: 16 CENTRE STREET CITY/ST/ZIP/CO: CONCORD, NH 03301	<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/ JOHN P GRAVES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN P GRAVES, TREASURER PRINTED NAME AND CORPORATE TITLE	10/23/2013 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.		