

1.) CORPORATION NAME:

**Weston & Sampson CMR, Inc.**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1921651**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5 CENTENNIAL DR

CITY/ST/ZIP: PEABODY, MA 01960

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: MICHAEL SCIPIONE TITLE: PRESIDENT ADDRESS: 5 CENTENNIAL DR CITY/ST/ZIP/CO: PEABODY, MA 01960	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARBARA COOK TITLE: ASST CLK ADDRESS: 5 CENTENNIAL DRIVE CITY/ST/ZIP/CO: PEABODY, MA 01960	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT GOOBER TITLE: CLRK ADDRESS: 5 CENTENNIAL DR CITY/ST/ZIP/CO: PEABODY, MA 01960	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FRANCIS RICCIARDI TITLE: CLERK ADDRESS: 5 CENTENNIAL DR CITY/ST/ZIP/CO: PEABODY, MA 01960	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN A BOCCHINO TITLE: DIRECTOR ADDRESS: 5 CENTENNIAL DR CITY/ST/ZIP/CO: PEABODY, MA 01960	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FRANCIS W YANUSKIEWICZ TITLE: DIRECTOR ADDRESS: 5 CENTENNIAL DR CITY/ST/ZIP/CO: PEABODY, MA 01960	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:                   STEPHEN D JOHANSEN TITLE:                   DIRECTOR ADDRESS:               5 CENTENNIAL DR CITY/ST/ZIP/CO:       PEABODY, MA 01960	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME:                   PAUL BANKS TITLE:                   DIRECTOR ADDRESS:               5 CENTENNIAL DR CITY/ST/ZIP/CO:       PEABODY, MA 01960	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME:                   EUGENE R BOLINGER TITLE:                   DIRECTOR ADDRESS:               100 FOXBOROUGH BLVD STE250 CITY/ST/ZIP/CO:       FOXBOROUGH, MA 02035	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME:                   RICHARD E MASTRACOLA TITLE:                   DIRECTOR ADDRESS:               5 CENTENNIAL DR CITY/ST/ZIP/CO:       PEABODY, MA 01960	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME:                   CHRISTOPHER B WESTER TITLE:                   DIRECTOR ADDRESS:               273 DIVIDEND RD CITY/ST/ZIP/CO:       ROCKY HILL, CT 06067	<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/ ROBERT GOOBER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT GOOBER, CLRK PRINTED NAME AND CORPORATE TITLE	2/19/2014 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.		