



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$15.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Annual Report

(General Laws, Chapter 180)

Identification Number: 042774252

Filing for November 1, 2021

In compliance with the requirements of Section 26A of Chapter one hundred and eighty (180) of the General Laws:

1. Exact name of the corporation: MASSACHUSETTS ASSOCIATION OF HEALTH BOARDS, INC.

2. Location of its principal office:

No. and Street: 20 WALNUT STREET
SUITE 110

City or Town: WELLESLEY HILLS State: MA Zip: 02481-2104 Country: USA

3. DATE OF THE LAST ANNUAL MEETING: 11/15/2021 🗓️ (mm/dd/yyyy)
 (if none leave blank)

4. State the names and street addresses of all officers, including all the directors of the corporation, and the date on which the term of office of each expires:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code	Expiration of Term
PRESIDENT	MARCIA TESTA SIMONSON	23 WOODCLIFF ROAD WELLESLEY HILLS, MA 02481 USA	None
TREASURER	MARCIA B. RISING	34 MEETING HOUSE LN APT 320 STOW, MA 01775-2140 USA	None
VICE PRESIDENT	CHRISTOPHER M. QUINN	240 WESTERN AVENUE SHERBORN, MA 01770 USA	None
CLERK	JOAN M. JACOBS	71 BIRD ROAD NORWOOD, MA 02062 USA	None
DIRECTOR	LAURA HOUSMAN	67 CARTER DRIVE FRAMINGHAM, MA 01701-3042 USA	None
DIRECTOR	RAYMOND J. CONSIDINE	133 ANNURSNAC HILL RD CONCORD, MA 01742 USA	None
DIRECTOR	JOHN DOUGHERTY	623 HANOVER STREET, MA 02339 USA	None
DIRECTOR	EDWARD COSGROVE	17 LAUREL DRIVE NEEDHAM, MA 02492-3204 USA	None

5. Check if the corporation is a cemetery corporation that does NOT hold perpetual care funds in trust. If the corporation is a cemetery corporation that holds perpetual care funds in trust, a copy of the written instrument establishing the trust and any amendments thereto must be attached, and the annual report must be filed by facsimile, mail or in person.

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I, the undersigned, MARCIA TESTA SIMONSON of the above-named business entity, in compliance with the General Laws, Chapter 180, hereby certify that the above information is true and correct as of the dates shown. IN WITNESS WHEREOF AND UNDER PENALTIES OF PERJURY, I hereto sign my name on this 6 Day of January, 2022.

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