



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

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180000726

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Annual Report

(General Laws, Chapter 180)



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Identification Number: 042774252 ✓

Filing for November 1, 2015

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: 56 TAUNTON ST.

City or Town: PLAINVILLE

State: MA

Zip: 02762

Country: USA

3. DATE OF THE LAST ANNUAL MEETING: 11/14/2015

⌚ (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:

Delete	Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code	Expiration of Term
<input type="checkbox"/>	PRESIDENT	Christopher Quinn M.D.	240 Western Ave. Sherborn, MA 01770 USA	None
<input type="checkbox"/>	TREASURER	Marcia B. Rising Ms.	76 Treaty Elm Lane Stow, MA 01775 USA	None
<input type="checkbox"/>	CLERK	Richard Edgehille	405 Woodbine Ave. Hanson, MA 02341 USA	None
<input type="checkbox"/>	DIRECTOR	Peter Connolly M.D.	104 Beaufort Ave. Needham, MA 02492 USA	None
<input type="checkbox"/>	DIRECTOR	Joan M. Jacobs	71 Bird Road Norwood, MA 02062 USA	None
<input type="checkbox"/>	DIRECTOR	Marcia Testa MPH, Ph.D.	23 Woodcliff Rd. Wellesley, MA 02481 USA	None
<input type="checkbox"/>	DIRECTOR	John Dougherty	623 Hanover St. Hanover, MA 02339 USA	None
<input type="checkbox"/>	DIRECTOR	Mike Hugo J.D.	1 Catherine Rd. Framingham, MA 01701 USA	None

Select From Below Title: _____ Expiration of Term: _____

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Residential Address: _____ City: _____ State: _____ Zip: _____ Country: _____

- Same Person as -

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.

Special Filing Instructions
Please indicate special filing instructions if any, that apply to this form.

Filer's Contact Information
(Enter a contact name, mailing address, and email and/or phone number.)

Contact Name: Marcia B. Rising

Business Name: MAHB

No. and Street: 76 Treaty Elm Lane - Same Address as -

City or Town: Stow State: MA Zip: 01775 Country: USA

Contact Phone: 978-897-2466 ext: _____

Contact Email: marcia.mdrising@verizon.net

Please provide an email address to receive an expedited response from the Corporations Division. If the filing is rejected for any reason, you will be contacted. If no email address is provided, correspondence from the Division will be sent by mail.

Please select delivery method for annual report notices: Email marcia.mdrising@verizon.net Mail

I, the undersigned, *Marcia B. Rising* 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 26 Day of January, 2016.

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with M.G.L. Chapter 180 and that the information is true and correct as of the date the electronic filing is submitted. This

Accept Decline

[Click HERE to Submit This Information](#)