

# The Commonwealth of Massachusetts

Filing Fee: \$15.00

**William Francis Galvin**  
Secretary of the Commonwealth

One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512  
Telephone: (617) 727-9640

## ANNUAL REPORT

M.G.L. Ch.180  
Corporation  
Annual Report

160003306

### IDENTIFICATION

NO. 04-2794047

Filing for November 1, 20 15

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

1. NAME: MY BROTHER'S TABLE, INC.
2. ADDRESS: 98 WILLOW STREET  
(number) (street)
- LYNN MA 01901-1109  
(city or town) (state) (zip)
3. DATE OF THE LAST ANNUAL MEETING: 5/11/2015

4. If the corporation is a cemetery corporation, it must hold perpetual care funds in trust and attach a copy of the written agreement establishing the trust. (check appropriate box)

The cemetery corporation certifies that perpetual care funds are held in trust and a copy of the written agreement establishing the trust is attached.

OR

The cemetery corporation hereby certifies that it does not hold perpetual care funds in trust.

5. State the names and addresses of the president, treasurer, clerk, at least one director of the corporation, and the date on which the term of office of each expires: (PLEASE TYPE OR PRINT).

NAME OF OFFICE	NAME	ADDRESSES Number, Street, City or Town, State and Zip Code	EXPIRATION OF TERM OF OFFICE
President:	DEBORA KENNEDY	52 ELMWOOD ROAD SWAMPSCOTT, MA 01907	UNTIL
Treasurer:	JOHN WILLIS	68 STETSON AVENUE SWAMPSCOTT, MA 01907	SUCCESSOR
Clerk: (or Secretary)	DIANE CONLON	133 COMMONWEALTH ROAD LYNN, MA 01904	IS DULY
Directors: (or Officers having the powers of Directors)	JAMES PETERSON	519 HUMPHREY STREET, #2 SWAMPSCOTT, MA 01907	QUALIFIED
	JUDY JAMIESON	107 BICKFORD STREET LYNN, MA 01904	AND
	DARLENE KLINE	19 ASHWOOD ROAD LYNN, MA 01904	ELECTED

I, the undersigned \_\_\_\_\_ being the PRESIDENT of the above-named corporation, in compliance with General Laws, Chapter 180, hereby certify that the information above is true and correct as of the dates shown.

IN WITNESS WHEREOF AND UNDER PENALTIES OF PERJURY, I hereto sign my name on this 5th day of June, 20 16.

Signature: [Signature] Title: PRESIDENT

Contact Person: DIANNE KUZIA HILLS Contact Person Telephone #: (781) 595-3224

NAME OF OFFICE	NAME	ADDRESSES Number, Street, City or Town, State and Zip Code	EXPIRATION OF TERM OF OFFICE
Directors:	PHOENIX RAMSEY	53 WALDEN STREET, #1	
		WINTHROP, MA 02152	
	PAUL RENZI	25 JUDITH WAY	
		LYNN, MA 01905	
	JANE HUNT	26 DENNETT ROAD	
		MARBLEHEAD, MA 01945	
	GEORGE SONIA	14 MARY ELLEN DRIVE	
		LYNN, MA 01904	
	DANIEL DOHERTY	605 BROADWAY, SUITE 300	
		SAUGUS, MA 01906	
	DR. MARK MESSENGER	40 BROOKS TERRACE	
		SWAMPSCOTT, MA 01907	
	MARK TEMPLEMAN	60 MONUMENT AVENUE	
		SWAMPSCOTT, MA 01907	
	BETSY WINKLER	138 MAIN STREET	
		WINTHROP, MA 02152	