The Commonwealth of Massachusetts
William Francis Galvin

Date: Thursday, October 01, 2009

PAYMENT CONFIRMATION

Confirmation DateTime:	**10/1/2009 10:30:25 AM**
Confirmation Number:	**001474**
Invoice Number:	**03000040067989981081772**
Payment Id:	**2135507**
Transaction Id	**6798998**
Entity Name:	**ACTON COMMUNITY HOUSING CORPORATION**
Transaction Category:	**Nonprofit Corporation**
Description:	**Annual Report**
Filing Fee:	**$15.00**
Expedited Service Fee:	**$3.50**
Total Fee:	**$18.50**

Your payment has been successfully processed and your application has been forwarded to our office for approval by the Secretary of the Commonwealth. If your application is rejected for any reason we will contact you immediately.

Please note that for security reasons all payment information is stored within a strictly controlled network environment. The connection between our network and the Internet is protected by a firewall and all payment information that is stored in our system is heavily encrypted to ensure the security of your transaction.

If you have any questions or concerns you may contact our office at (617) 727-9640 or e-mail our support desk at corpinfo@sec.state.ma.us

Thank You for using our online service.

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The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512
Telephone: (617) 727-9640

FEE: $15.00

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

ANNUAL REPORT

FEDERAL IDENTIFICATION NO. 20-0341286

Filing for November 1, 20 09

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

1. NAME: Acton Community Housing Corporation

2. ADDRESS: 472 (number) Main St. (street)
Acton (city or town) MA (state) 01720 (zip)

3. DATE OF THE LAST ANNUAL MEETING: 6/4/09

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:	Nancy Tavernier	472 Main St. Acton, MA 01720	2011
Treasurer:	Kevin McManus	472 Main St. Acton, MA 01720	2010
Clerk: (or Secretary)			
Directors: (or Officers having the powers of Directors)	Bernice Baran	472 Main St. Acton MA 01720	2011

I, the undersigned Nancy Tavernier 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 1st day of October, 20 09.

Signature: Nancy E. Tavernier Title: President

Contact Person: Nancy Tavernier Contact Person Telephone #: 978-263-9611

180npcar 9/27/06

MA SOC Filing Number: 200976338750 Date: 10/01/2009 10:29 AM

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)

Federal Employer Identification Number: 200341286 (must be 9 digits)

Filing for November 1, 2009

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: ACTON COMMUNITY HOUSING CORPORATION

2. Location of its principal office:
No. and Street: 472 MAIN ST.
City or Town: ACTON State: MA Zip: 01720 Country: USA

3. DATE OF THE LAST ANNUAL MEETING: 6/4/2009

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	NANCY TAVERNIER	35 MOHAWK DR. ACTON, MA 01720 USA	2011
TREASURER	KEVIN MCMANUS	22 BREWSTER LN. ACTON, MA 01720 USA	2010
CLERK	BERNICE BARAN	435 OLD STONE BROOK ACTON, MA 01720 USA	2011
DIRECTOR	CORRINA ROMAN-KREUZE	300 CENTRAL ST. ACTON, MA 01720 USA	2011

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. __

I, the undersigned, NANCY TAVERNIER **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 1 Day of October, 2009.**

0-4276-0

Filed 1999-2008 10/21/08 $150.00

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512
Telephone: (617) 727-9640

FEE: $15.00

M.G.L. Ch.180
Corporation
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ANNUAL REPORT

FEDERAL IDENTIFICATION NO. 20-0341286

Filing for November 1, 20 _____

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

1. NAME: Acton Community Housing Corporation
2. ADDRESS: 472 Main St (number) (street)
Acton (city or town) MA (state) 01720 (zip)
3. DATE OF THE LAST ANNUAL MEETING: (1st Thur. May)
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:	Nancy Tavernier	35 Mohawk Dr Acton MA 01720	2011
Treasurer:	Kevin McManus	22 Brewster Ln, Acton MA 01720	2011
Clerk: (or Secretary)	Naomi McManus	22 Brewster Ln, Acton MA 01720	2011
Directors: (or Officers having the powers of Directors)	Dan Buckley	19 Independence Rd Acton, MA 01720	2010

I, the undersigned Nancy Tavernier 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 _____ day of _____, 20 _____ .

Signature: _____ Title: _____

Contact Person: _____ Contact Person Telephone #: _____