



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: 042475363

Filing for November 1, 2020

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: HEALTHQUARTERS, INC.

2. Location of its principal office:

No. and Street: 100 CUMMINGS CENTER, SUITE 110-E
 City or Town: BEVERLY State: MA Zip: 01915 Country: USA

3. DATE OF THE LAST ANNUAL MEETING: 📅 (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	CAROLYN BRITTON	100 CUMMINGS CENTER, SUITE 110E BEVERLY, MA 01915 USA	2021
TREASURER	ELIZABETH MCCLAIN	100 CUMMINGS CENTER, SUITE 110E BEVERLY, MA 01915 USA	2022
CEO	GABRIELLE ROSS PHD	100 CUMMINGS CENTER, SUITE 110E BEVERLY, MA 01915 USA	2020
CLERK	MARILYN SANTAGATI	100 CUMMINGS CENTER, SUITE 110E BEVERLY, MA 01915 USA	2020
VICE PRESIDENT	KATHERINE ROSENFELD MD	100 CUMMINGS CTR., SUITE 110E BEVERLY, MA 01915 USA	2022
DIRECTOR	MICHAEL ROSS	100 CUMMINGS CENTER, SUITE 110E BEVERLY, MA 01915 USA	2019
DIRECTOR	LINDA BRITT	100 CUMMINGS CENTER, SUITE 110E BEVERLY, MA 01915 USA	2021
DIRECTOR	JACQUELINE PISCITELLO	100 CUMMINGS CENTER, SUITE 110E BEVERLY, MA 01915 USA	2021

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, GABRIELLE ROSS PHD 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 2 Day of November, 2020.

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