





**5. OFFICES AND DIRECTORS**

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OFFICE	NAME	RESIDENTIAL ADDRESS (REQUIRED)	OFFICE ADDRESS
PRESIDENT			
TREASURER			
CLERK			
DIRECTORS			

IF MORE THAN FOUR DIRECTORS, LIST ON ATTACHED SHEET.

**6. THE FISCAL YEAR OF THE CORPORATION ENDS LAST DAY OF:**

**7. NAME AND BUSINESS ADDRESS OF RESIDENT AGENT OF CORPORATION  
(NOT REQUIRED IF CLERK IS A RESIDENT OF MASSACHUSETTS)**

**8. HAVE ANY OF THE OFFICERS OR DIRECTORS OF THE CORPORATION EVER BEEN CONVICTED OF ANY CRIMES REALTING TO ALCOHOL OR GAMING WITHIN THE PAST TEN YEARS?**

No            Yes

IF SO CONVICTED, PLEASE EXPLAIN:

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SIGNATURE