



**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:** 001067703 (must be 9 digits)

**Filing for November 1, 2012**

**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:** FRIENDS OF FORGE POND ASSOCIATION, INC.

**2. Location of its principal office:**

No. and Street: 93 MATAWANAKEE TRAIL  
 City or Town: LITTLETON State: MA Zip: 01460 Country: USA

**3. DATE OF THE LAST ANNUAL MEETING:** 05/27/2012 (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	ROBERT PETERSEN	11 CHIPMUNK LN. LITTLETON, MA 01460 USA	
TREASURER	JEFFREY SACKNOWITZ	14 PLEASANT ST. WESTFORD, MA 01886 USA	
CLERK	SCOTT LEWIS	93 MATAWANAKEE TR LITTLETON, MA 01460 USA	
DIRECTOR	ROBERT PETERSEN	11 CHIPMUNK LN. LITTLETON, MA 01460 USA	
DIRECTOR	JEFFREY SACKNOWITZ	14 PLEASANT ST. WESTFORD, MA 01886 USA	
DIRECTOR	SCOTT LEWIS	93 MATAWANAKEE TR LITTLETON, MA 01460 USA	
DIRECTOR	JAMES BARISANO	22 DEER RUN LITTLETON, MA 01460 USA	
DIRECTOR	ROBERT HARTZEL	24 DEER RUN LITTLETON, MA 01460 USA	

**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, SCOTT LEWIS 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 10 Day of December, 2012.**

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