



Corporations Division

Payment Confirmation

Date: 2/8/2018

Confirmation date/time:	2/8/2018 2:22:01 PM
Confirmation number:	107098
Invoice number:	05000040105447734024169
Payment ID number:	5861412
Transaction ID number:	10544773
Transaction category:	Foreign Corporation
Transaction type:	Annual Report - 2017
Entity name:	THE FAB FOUNDATION
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Filing fee:	\$100.00
Expedited service fee:	\$9.00
Total fee:	\$109.00

Your payment has been successfully processed. Your filing has been submitted and will be reviewed by the Corporations Division. If your submission is rejected for any reason, we will contact you immediately.

Note that for security reasons your payment credit card and/or bank information is processed at a secure website. The Secretary of the Commonwealth does not retain any payment information.

E-check transactions require final approval from your bank. Such approval may take 7 to 10 business days. If the payment is returned, you will be billed for the transaction at that time.

If you have any questions about your request, contact our office:

- phone: 617-727-9640
- email: corpinfo@sec.state.ma.us



**The Commonwealth of Massachusetts
William Francis Galvin**

Minimum Fee: \$100.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Annual Report

(General Laws, Chapter 156D, Section 16.22; 950 CMR 113.57)

Identification Number: 264836002

1. Exact name of the corporation: THE FAB FOUNDATION

2. Jurisdiction of Incorporation: State: CA Country: USA

3.4. Street address of the corporation registered office in the commonwealth and the name of the registered agent at that office:

Name: SHERRY LASSITER
No. and Street: 105 WALTHAM ST.
City or Town: MAYNARD State: MA Zip: 01754 Country: USA

5. Street address of the corporation's principal office:

No. and Street: 50 MILK STREET
City or Town: BOSTON State: MA Zip: 02109 Country: USA

6. Provide the name and business street address of the officers and of all the directors of the corporation:
(A president, treasurer, secretary and at least one director are required.)

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
PRESIDENT	SHERRY LASSITER	50 MILK STREET BOSTON, MA 02109 USA
TREASURER	MARIE PLANCHARD	50 MILK STREET BOSTON, MA 02109 USA
CLERK	CHRIS WILKINSON	50 MILK STREET BOSTON, MA 02109 USA
CHAIRMAN	NEIL GERSHENFELD	50 MILK STREET BOSTON, MA 02109 USA
DIRECTOR	CHRIS WILKINSON	50 MILK STREET BOSTON, MA 02109 USA
DIRECTOR	MARIE PLANCHARD	50 MILK STREET BOSTON, MA 02109 USA
DIRECTOR	NEIL GERSHENFELD	50 MILK STREET BOSTON, MA 02109 USA
DIRECTOR	SHERRY LASSITER	50 MILK STREET BOSTON, MA 02109 USA

7. Briefly describe the business of the corporation:

PROVIDE ACCESS TO MODERN MEANS OF INVENTION

8. Capital stock of each class and series:

Class of Stock	Par Value Per Share Enter 0 if no Par	Total Authorized by Articles of Organization or Amendments		Total Issued and Outstanding <i>Num of Shares</i>
		<i>Num of Shares</i>	<i>Total Par Value</i>	
CNP	\$0.00000	0	\$0.00	0

9. Check here if the stock of the corporation is publicly traded:

10. Report is filed for fiscal year ending: 12/31/ 2017

Signed by SHERRY LASSITER, its PRESIDENT
on this 8 Day of February, 2018