



INCORPORATION CHECKLIST (FOR PROFIT)

1. **NAME OF CORPORATION:**

2. **THE PURPOSE OF THE CORPORATION IS TO ENGAGE IN THE FOLLOWING ACTIVITIES:**

3. **WILL THE CORPORATION HAVE MORE THAN ONE CLASS OF STOCK:
(NOT REQUIRED)**
 No **Yes**
 IF YES, PLEASE INDICATE THE DESIGNATION OF CLASSES, THE MANNER OF ELECTION OR APPOINTMENT, THE DURATION OF MEMBERSHIP AND THE QUALIFICATION AND RIGHTS

4. **PRINCIPAL ADDRESS OF OFFICE IN MASSACHUSETTS IS:
(POST OFFICE BOXES NOT ACCEPTABLE)**



5. OFFICES AND DIRECTORS

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:

SIGNATURE