

August 2022

Mr. Nicholas Moreno  
Boston Conservation Commission  
1 City Hall Square, Room 709  
Boston, MA 02201

Re: 400 Atlantic Avenue DEP File Number 006-1516 – Request for Certificate of Compliance

Dear Mr. Moreno,

The work identified in the above-referenced DEP File Number is now complete. As required, in accordance with General Condition 12, please find the attached completed WPA Form 8A Request for Certificate of Compliance for this project. I visited the site, as a representative of Childs Engineering, on a regular basis to inspect and confirm that the work is substantially completed in compliance with the plans submitted to the Conservation Commission and the Order of Conditions.

If you have any questions or require additional information, please do not hesitate to contact the undersigned at [cavanaughr@childseng.com](mailto:cavanaughr@childseng.com).

Respectfully submitted,

CHILDS ENGINEERING CORPORATION



Ryan M. Cavanaugh, P.E.  
Project Engineer



**WPA Form 8A – Request for Certificate of Compliance**

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Provided by DEP

**A. Project Information**

**Important:**

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Upon completion of the work authorized in an Order of Conditions, the property owner must request a Certificate of Compliance from the issuing authority stating that the work or portion of the work has been satisfactorily completed.

1. This request is being made by:

Kara Dominguez

Name

99 Bedford Street, Lower Level

Mailing Address

Boston

City/Town

MA

State

02111

Zip Code

(617) 219-6452

Phone Number

2. This request is in reference to work regulated by a final Order of Conditions issued to:

400 Atlantic Ave LLC

Applicant

06/13/2017

Dated

006-1516

DEP File Number

3. The project site is located at:

400 Atlantic Avenue

Street Address

030

Assessors Map/Plat Number

Boston

City/Town

2960

Parcel/Lot Number

4. The final Order of Conditions was recorded at the Registry of Deeds for:

400 Atlantic Ave LLC

Property Owner (if different)

Suffolk

County

64854

Book

42

Page

Certificate (if registered land)

5. This request is for certification that (check one):

the work regulated by the above-referenced Order of Conditions has been satisfactorily completed.

the following portions of the work regulated by the above-referenced Order of Conditions have been satisfactorily completed (use additional paper if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

the above-referenced Order of Conditions has lapsed and is therefore no longer valid, and the work regulated by it was never started.



**WPA Form 8A – Request for Certificate of Compliance**

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

\_\_\_\_\_  
Provided by DEP

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**A. Project Information (cont.)**

6. Did the Order of Conditions for this project, or the portion of the project subject to this request, contain an approval of any plans stamped by a registered professional engineer, architect, landscape architect, or land surveyor?

Yes

If yes, attach a written statement by such a professional certifying substantial compliance with the plans and describing what deviation, if any, exists from the plans approved in the Order.

No

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**B. Submittal Requirements**

Requests for Certificates of Compliance should be directed to the issuing authority that issued the final Order of Conditions (OOC). If the project received an OOC from the Conservation Commission, submit this request to that Commission. If the project was issued a Superseding Order of Conditions or was the subject of an Adjudicatory Hearing Final Decision, submit this request to the appropriate DEP Regional Office (see <http://www.mass.gov/eea/agencies/massdep/about/contacts/find-the-massdep-regional-office-for-your-city-or-town.html>).



PURPOSE: REPAIRS TO THE EXISTING CONCRETE PILES SUPPORTING THE EXTERIOR PATIO AND HARBORWALK AT 400 ATLANTIC AVE. BOSTON.

CHILDS ENGINEERING CORPORATION  
34 WILLIAM WAY BELLINGHAM, MA. 02019

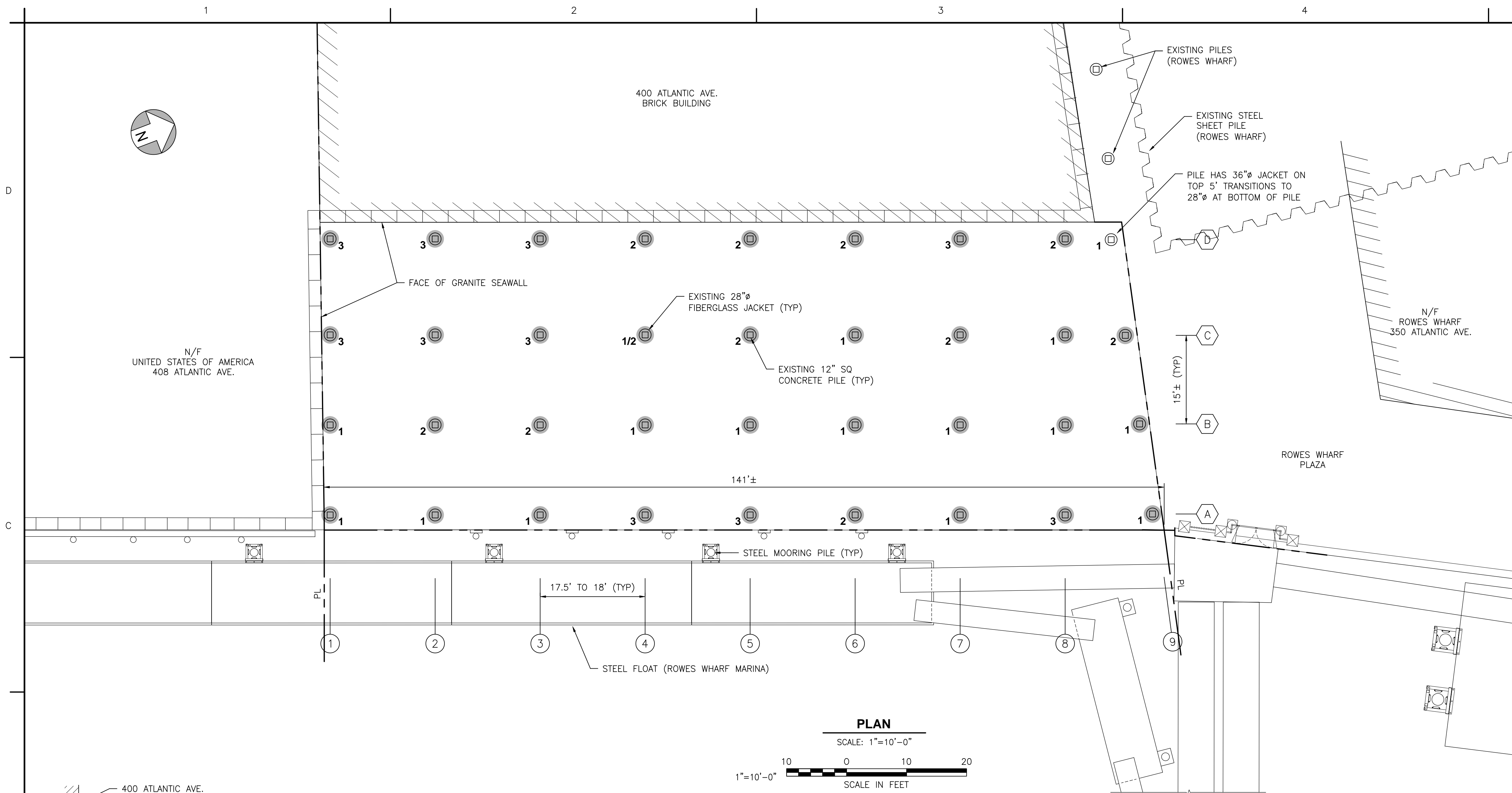
## VICINITY MAP

NOT TO SCALE

APPLICATION BY:  
FOUR HUNDRED ATLANTIC AVE LLC,  
C/O CAROL KUOSMAN OF  
CUSHMAN-WAKEFIELD  
470 ATLANTIC AVE BOSTON, MA 02108

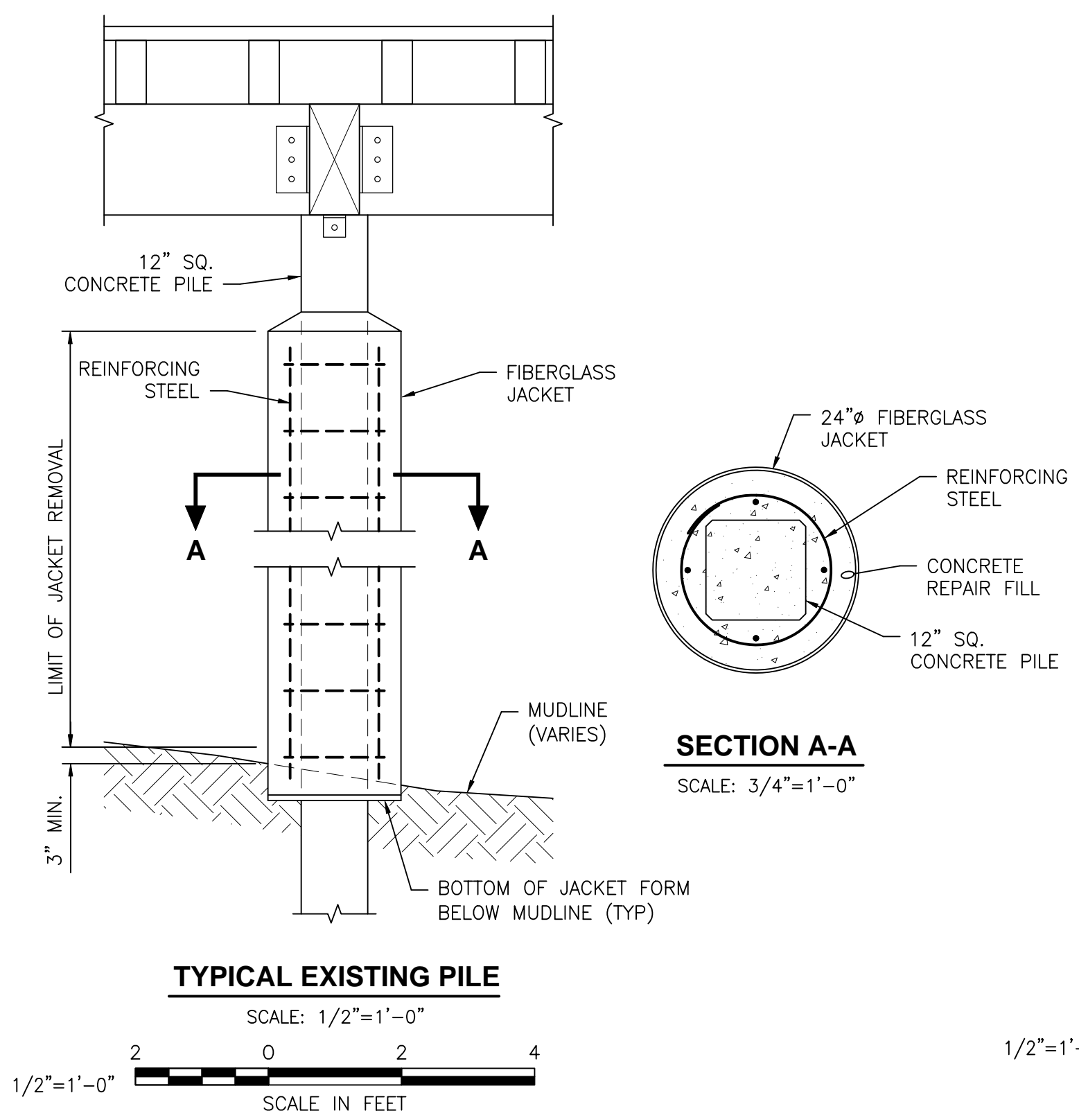
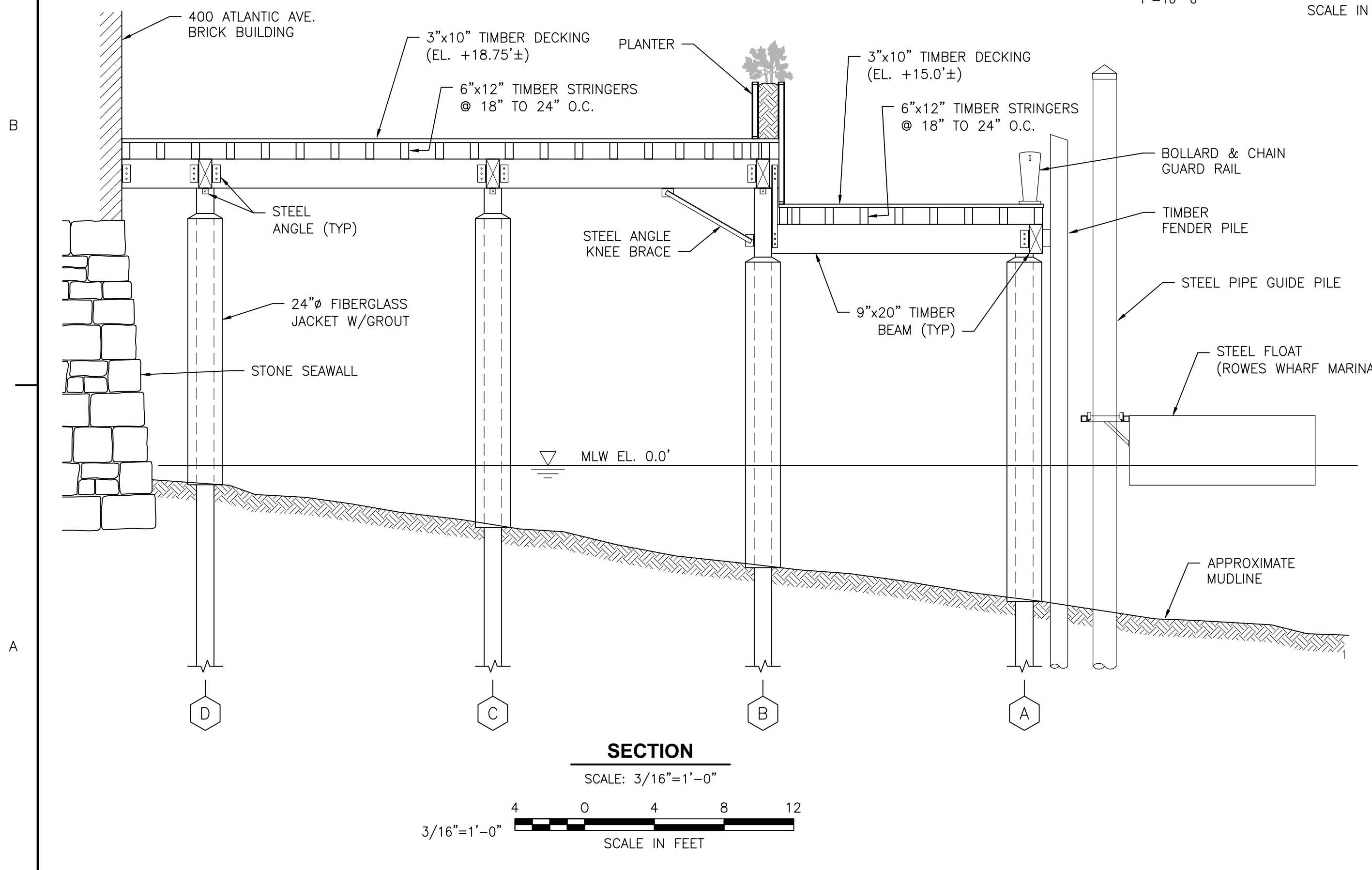
IN: FORT POINT CHANNEL  
AT: 400 ATLANTIC AVE. BOSTON  
COUNTY: SUFFOLK STATE: MA

SHEET 1 OF 1 DATE: 05/02/17

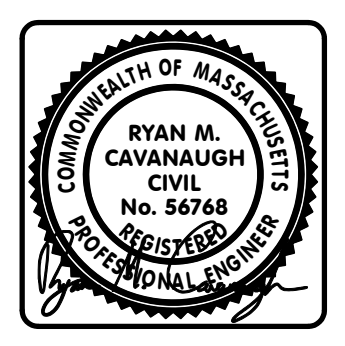


- LEGEND**
- ⊗ 12" SQUARE CONCRETE PILE WITH 28"Ø FIBERGLASS/CONCRETE JACKET
  - ⊕ FIBERGLASS JACKET REPAIR TO BE PERFORMED ON PILE, SEE TYPICAL PILE REPAIR DETAIL BELOW
  - ① PILE WITH LEVEL 1 CONDITION: JACKET AND EXPOSED SECTION OF CONCRETE PILE HAVE ADVANCED CONCRETE DISINTEGRATION WITH EXPOSED AND CORRODED REINFORCING STEEL ON UP TO 50% OF PILE JACKET
  - ② PILE WITH LEVEL 2 CONDITION: JACKET HAS VERTICAL CRACKING, DELAMINATION SPALLING AND AREAS OF SAND LENSES ON PILE JACKET
  - ③ PILE WITH LEVEL 3 CONDITION: JACKET HAS VERTICAL CRACKING AND AREAS OF SAND LENSES ON PERIMETER OF PILE JACKET

- REPAIR NOTES (SEE TYPICAL PILE REPAIR DETAIL BELOW):**
1. REMOVE EXISTING FIBERGLASS JACKET ON AS NEEDED PILES TO A MIN. OF 3" ABOVE THE MUDLINE.
  2. CHIP BACK EXISTING DETERIORATED CONCRETE TO SOUND CONCRETE, AND CLEAN EXISTING CONCRETE REPAIR AND EXPOSED REINFORCING STEEL ON PILES. ALL EXISTING CONCRETE SURFACES SHALL HAVE A 1/4" PROFILE TO ENSURE A BOND TO THE EXISTING SURFACES.
  3. INSTALL NEW REINFORCING STEEL AS NECESSARY IF EXISTING REINFORCING IS DETERIORATED.
  4. INSTALL NEW FIBERGLASS JACKET REPAIR TO PILES. NEW FIBERGLASS JACKET REPAIR SHALL OVERLAP SOUND CONCRETE REPAIR BY 18 INCHES MINIMUM.
  5. INSTALL NEW NON-METALLIC UNDERWATER GROUT PER MANUFACTURERS' RECOMMENDATIONS.



**CHILDS ENGINEERING CORPORATION**  
 34 WILLIAM WAY, BELLINGHAM, MA 02019 U.S.A.  
 Phone: (508) 966-9092 Fax: (508) 966-9096  
 E-mail: mail@childseng.com



Date	Appr.
Description	Mark

Designed by:	CMR	AS NOTED
PDI	CMR	AS NOTED
Drawn by:	TEC	AS NOTED
Check by:	RMC	AS NOTED
Date:	06/20/2022	AS NOTED
Design file no.:	269016.01 X-101	AS NOTED
Scale:	AS NOTED	AS NOTED

FOUNDATION REPAIRS  
 400 ATLANTIC AVE.  
 BOSTON, MA  
**400 ATLANTIC AVE.  
 PLAN, SECTION  
 & REPAIR DETAILS**

Sheet reference number:  
**X-101**  
 Sheet 1 of 1



**AFFIDAVIT OF SERVICE  
FOR ABUTTER NOTIFICATION**

**Under the Massachusetts Wetlands Protection Act  
and Boston Wetlands Ordinance**

I, Ryan Cavanaugh, hereby certify under pains and penalties of perjury that that at least one week prior to the public hearing, I gave notice to abutters in compliance with the second paragraph of Massachusetts General Laws Chapter 131, section 40, and the DEP Guide to Abutter Notification dated April 8, 1994, in connection with the following matter:

A Request for a Certificate of Compliance  was filed under the Massachusetts Wetlands Protection Act and/or the Boston Wetlands Ordinance by Ryan Cavanaugh for 400 Atlantic Ave, LLC; Kara Dominguez located at 400 Atlantic Avenue.

The Abutter Notification For, the list of abutters to whom it was given, and their addresses are attached to this Affidavit of Service.

Ryan Cavanaugh Digitally signed by Ryan Cavanaugh  
DN: CN = Ryan Cavanaugh, email =  
rcavanaugh@childseng.com C = US O = Childs  
Engineering  
Date: 2022.09.28 15:12:30 -0500

Name

06/28/2022

Date



City of Boston  
Environment



City of Boston  
Mayor Martin J. Walsh

**NOTIFICATION TO ABUTTERS  
BOSTON CONSERVATION COMMISSION**

In accordance with the Massachusetts Wetlands Protection Act, Massachusetts General Laws Chapter 131, Section 40, and the Boston Wetlands Ordinance, you are hereby notified as an abutter to a project filed with the Boston Conservation Commission.

A. **400 Atlantic Avenue LLC** has filed a Certificate of Compliance with the Boston Conservation Commission seeking permission to alter an Area Subject to Protection under the Wetlands Protection Act (General Laws Chapter 131, section 40) and Boston Wetlands Ordinance.

B. The address of the lot where the activity is proposed is **400 Atlantic Avenue**.

C. The project involves repairing the existing jackets on the concrete piles, repairing any deteriorated concrete, and installing new fiberglass jackets to maintain support of the Harborwalk.

D. Copies of the Notice of Intent may be obtained by contacting the Boston Conservation Commission at [CC@boston.gov](mailto:CC@boston.gov).

E. Copies of the Notice of Intent may be obtained from the **Ryan Cavanaugh (Representative)** at [Cavanaughr@childseng.com](mailto:Cavanaughr@childseng.com) between the hours of **8am to 4pm, Monday through Friday**.

F. In accordance with the Commonwealth of Massachusetts Executive Order Suspending Certain Provisions of the Open Meeting Law, the public hearing will take place **virtually** at <https://zoom.us/j/6864582044>. If you are unable to access the internet, you can call 1-929-205- 6099, enter Meeting ID 686 458 2044 # and use # as your participant ID.

G. Information regarding the date and time of the public hearing may be obtained from the **Boston Conservation Commission** by emailing [CC@boston.gov](mailto:CC@boston.gov) or calling **(617) 635-3850** between the hours of **9 AM to 5 PM, Monday through Friday**.

NOTE: Notice of the public hearing, including its date, time, and place, will be published at least five (5) days in advance in the **Boston Herald**.

NOTE: Notice of the public hearing, including its date, time, and place, will be posted on [www.boston.gov/public-notice](http://www.boston.gov/public-notice) and in Boston City Hall not less than forty-eight (48) hours in advance.

NOTE: If you would like to provide comments, you may attend the public hearing or send written comments to [CC@boston.gov](mailto:CC@boston.gov) or Boston City Hall, Environment Department, Room 709, 1 City Hall Square, Boston, MA 02201.

NOTE: You also may contact the Boston Conservation Commission or the Department of Environmental Protection Northeast Regional Office for more information about this application or the Wetlands Protection Act. To contact DEP, call: the Northeast Region: (978) 694-3200.

**CITY of BOSTON**

1 CITY HALL SQUARE BOSTON, MA 02201-2021 | ROOM 709 | 617-635-3850 | [ENVIRONMENT@BOSTON.GOV](mailto:ENVIRONMENT@BOSTON.GOV)



## BABEL NOTICE

English:

**IMPORTANT!** This document or application contains **important information** about your rights, responsibilities and/or benefits. It is crucial that you understand the information in this document and/or application, and we will provide the information in your preferred language at no cost to you. If you need them, please contact us at [cc@boston.gov](mailto:cc@boston.gov) or 617-635-3850.

Spanish:

**¡IMPORTANTE!** Este documento o solicitud contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es fundamental que usted entienda la información contenida en este documento y/o solicitud, y le proporcionaremos la información en su idioma preferido sin costo alguno para usted. Si los necesita, póngase en contacto con nosotros en el correo electrónico [cc@boston.gov](mailto:cc@boston.gov) o llamando al 617-635-3850.

Haitian Creole:

**AVI ENPÒTAN!** Dokiman oubyen aplikasyon sa genyen **enfòmasyon ki enpòtan** konsènan dwa, responsablite, ak/oswa benefis ou yo. Li enpòtan ke ou konprann enfòmasyon ki nan dokiman ak/oubyen aplikasyon sa, e n ap bay enfòmasyon an nan lang ou prefere a, san ou pa peye anyen. Si w bezwen yo, tanpri kontakte nou nan [cc@boston.gov](mailto:cc@boston.gov) oswa 617-635-3850.

Traditional Chinese:

**非常重要！**這份文件或是申請表格包含關於您的權利，責任，和／或福利的重要信息。請您務必完全理解這份文件或申請表格的全部信息，這對我們來說十分重要。我們會免費給您提供翻譯服務。如果您有需要請聯系我們的郵箱 [cc@boston.gov](mailto:cc@boston.gov) 電話# 617-635-3850..

Vietnamese:

**QUAN TRỌNG!** Tài liệu hoặc đơn yêu cầu này chứa **thông tin quan trọng** về các quyền, trách nhiệm và/hoặc lợi ích của bạn. Việc bạn hiểu rõ thông tin trong tài liệu và/hoặc đơn yêu cầu này rất quan trọng, và chúng tôi sẽ cung cấp thông tin bằng ngôn ngữ bạn muốn mà không tính phí. Nếu quý vị cần những dịch vụ này, vui lòng liên lạc với chúng tôi theo địa chỉ [cc@boston.gov](mailto:cc@boston.gov) hoặc số điện thoại 617-635-3850.

Simplified Chinese:

**非常重要！**这份文件或是申请表格包含关于您的权利，责任，和／或福利的重要信息。请您务必完全理解这份文件或申请表格的全部信息，这对我们来说十分重要。我们会免费给您提供翻译服务。如果您有需要请联系我们的邮箱 [cc@boston.gov](mailto:cc@boston.gov) 电话# 617-635-3850.



Cape Verdean Creole:

**INPURTANTI!** Es dukumentu ó aplikason ten **informason inpur tanti** sobri bu direitus, rasponsabilidadi i/ó benefisius. Ê krusial ki bu intendi informason na es dukumentu i/ó aplikason ó nu ta da informason na língua di bu preferênsia sen ninhun kustu pa bó. Si bu prisiza del, kontata-nu na [cc@boston.gov](mailto:cc@boston.gov) ó 617-635-3850.

Arabic:

**مهم!** يحتوي هذا المستند أو التطبيق على معلومات مهمة حول حقوقك ومسؤولياتك أو فوائدك. من الأهمية أن تفهم المعلومات الواردة في هذا المستند أو التطبيق. سوف نقدم المعلومات بلغتك المفضلة دون أي تكلفة عليك. إذا كنت في حاجة إليها، يرجى الاتصال بنا على [cc@boston.gov](mailto:cc@boston.gov) أو 617-635-3850.

Russian:

**ВАЖНО!** В этом документе или заявлении содержится **важная информация** о ваших правах, обязанностях и/или льготах. Для нас очень важно, чтобы вы понимали приведенную в этом документе и/или заявлении информацию, и мы готовы бесплатно предоставить вам информацию на предпочитаемом вами языке. Если Вам они нужны, просьба связаться с нами по адресу электронной почты [cc@boston.gov](mailto:cc@boston.gov), либо по телефону 617-635-3850.

Portuguese:

**IMPORTANTE!** Este documento ou aplicativo contém **Informações importantes** sobre os seus direitos, responsabilidades e/ou benefícios. É importante que você compreenda as informações contidas neste documento e/ou aplicativo, e nós iremos fornecer as informações em seu idioma de preferência sem nenhum custo para você. Se precisar deles, fale conosco: [cc@boston.gov](mailto:cc@boston.gov) ou 617-635-3850.

French:

**IMPORTANT !** Ce document ou cette demande contient des **informations importantes** concernant vos droits, responsabilités et/ou avantages. Il est essentiel que vous compreniez les informations contenues dans ce document et/ou cette demande, que nous pouvons vous communiquer gratuitement dans la langue de votre choix. Si vous en avez besoin, veuillez nous contacter à [cc@boston.gov](mailto:cc@boston.gov) ou au 617-635-3850.





## 波士顿湿地保护委员会 项目邻近住户通知

根据《马萨诸塞州湿地保护法》、《马萨诸塞州普通法》第 131 章第 40 节以及《波士顿湿地条例》的规定，我们特此向您，即向波士顿湿地保护委员会提出申请的项目的邻近住户，发出以下通知。

- A. **400 Atlantic Ave, LLC** 已向波士顿湿地保护委员会提出申请，请求批准改建一块受《湿地保护法》（《普通法》第 131 章第 40 节）和《波士顿湿地条例》保护的地块。
- B. 拟开展改建活动的地块地址为：**400 Atlantic Avenue**。
- C. 该项目涉及以下建设内容：修復混凝土樁上現有的護套，修復任何老化的混凝土，並安裝新的玻璃纖維護套，以維持對海港步行道的支撐。
- D. 可通過聯繫波士頓保護委員會取得合格證書的副本，電子郵件是 [CC@boston.gov](mailto:CC@boston.gov)。
- E. 您可于 8a-5p, Mon-Fri 在 [Ryan Cavanaugh,cavanaughr@childseng.com](mailto:Ryan.Cavanaugh,cavanaughr@childseng.com) 处获取合格證書的副本。
- F. 根據《馬薩諸塞州行政命令》（暫緩執行《公開會議法》聽證會將在網上 <https://zoom.us/j/6864582044> 進行。如果無法上互聯網 (Internet)，則可致電 1-929-205-6099，輸入會議編號(ID) 686 458 2044 #，然後使用 # 作為您參與的編號 (ID.)
- G. 您可于周一至周五上午 9 点到下午 5 点联系波士顿湿地保护委员会，咨询公开听证会举行的日期和时间，邮箱地址：[CC@boston.gov](mailto:CC@boston.gov)，电话：(617) 635-4416。

注：公开听证会的通知（包括其举行日期、时间和地点）将提前至少五天在《波士顿先驱报》上予以公布。

注：公开听证会的通知（包括其举行日期、时间和地点）将提前至少四十八（48）小时发布在以下网页之上以及波士顿市政厅内：[www.boston.gov/public-notices](http://www.boston.gov/public-notices)。如果您想提出意见或建议，您可以参加该公开听证会或将书面形式的意见或建议发送至 [CC@boston.gov](mailto:CC@boston.gov) 或邮寄至以下地址：Boston City Hall, Environment Department, Room 709, 1 City Hall Square, Boston, MA 02201。

注：您也可以联系波士顿湿地保护委员会或环境保护部东北地区办公室，咨询有关此项申请或《湿地保护法》的更多信息。如要联系环境保护部，请致电：东北地区：(978) 694-3200。

注：如果您准备参加该公开听证会并需要口译服务，则请在听证会举行前一天中午 12 点前通过以下电子邮箱地址告知工作人员：[CC@boston.gov](mailto:CC@boston.gov)。

List of Abutters  
(300 ft radius around 400 Atlantic Ave Construction Site)

400 Atlantic Ave Foundation Repairs  
June 23, 2022

PARCEL NUMBER	ADDRESSEE	MAILING (ADDRESS)	MAILING (CITY, STATE)	MAILING (ZIPCODE)	LOCATION (ADDRESS)	LOCATION (CITY)	LOCATION (ZIPCODE)
302961000	THOMAS JEFFREY S	10 ROWES WHARF #1001	BOSTON, MA	02110	10 ROWES WHARF 1001	BOSTON	02110
302961000	WHARF PROPERTIES LLC MASS LLC	101 FEDERAL STREET - SUITE 1405	BOSTON, MA	02110	10 ROWES WHARF 1002	BOSTON	02110
302961000	BANNICK WILLIAM B	10 SHIPYARD DR #212	HINGHAM, MA	02043	10 ROWES WHARF 1003	BOSTON	02110
302961000	PAPPALARDO A NEIL	10 ROWES WHARF	BOSTON, MA	02110	10 ROWES WHARF 1101	BOSTON	02110
302961000	CAJ LLC	125 HIGH STREET	BOSTON, MA	02110	10 ROWES WHARF 1102	BOSTON	02110
302961000	SAPERS RHODA B	10 ROWES WHARF #1201	BOSTON, MA	02110	10 ROWES WHARF 1201	BOSTON	02110
302961000	SELLDORF FRANK R	10 ROWES WHARF #1203	BOSTON, MA	02110	10 ROWES WHARF 1203	BOSTON	02110
302961000	LESTER LARRY D	180 ASH PL	WESTON, MA	02493	10 ROWES WHARF 1401	BOSTON	02110
302961000	BYRNE ARTHUR P	50 SAGO PALM ROAD	VERO BEACH, FL	32963	10 ROWES WHARF 1402	BOSTON	02110
302961000	FOURTEEN-04 ROWES WHARF TRUST	10 ROWES WHARF UNIT 1404	BOSTON, MA	02110	10 ROWES WHARF 1404	BOSTON	02110
302961000	SHUMAN JODY	10 ROWES WHARF #801	BOSTON, MA	02110	10 ROWES WHARF 801	BOSTON	02110
302961000	LIOBA NOMINEE TRUST	ONE CAMBRIDGE CTR SUITE 406	CAMBRIDGE, MA	02110	10 ROWES WHARF 802	BOSTON	02110
302961000	HAN JIWON	10 ROWES WHARF #803	BOSTON, MA	02110	10 ROWES WHARF 803	BOSTON	02110
302961000	ROWES WHARF LLC	940 INDIGO POINT	DELRAY BEACH, FL	33483	10 ROWES WHARF 901	BOSTON	02110
302961000	STEVENSON PHILIP D	10 ROWES WHARF #902	BOSTON, MA	02110	10 ROWES WHARF 902	BOSTON	02110
302961000	KIMBERLIE T SACHS REVOCABLE TRUST	10 ROWES WHARF UNIT 903	BOSTON, MA	02110	10 ROWES WHARF 903	BOSTON	02110
302961000	PAO FRANK C	301 CHAPEL HILL RD	PALM BEACH, FL	33480	10 ROWES WHARF PH01	BOSTON	02110
302961000	FALZONE MARK M	10 ROWES WHARF #PH02	BOSTON, MA	02110	10 ROWES WHARF PH02	BOSTON	02110
302961000	NAHACZEWSKI STEPHEN M	10 ROWES WHARF #PH03	BOSTON, MA	02110	10 ROWES WHARF PH03	BOSTON	02110
302961000	CHARM STANLEY E TS	10 ROWES WHARF #PH04	BOSTON, MA	02110	10 ROWES WHARF PH04	BOSTON	02110
302961000	REISER ROGER G	10 ROWES WHARF #PH05	BOSTON, MA	02110	10 ROWES WHARF PH05	BOSTON	02110
302961000	TRILEV RW LLC	400 ATLANTIC AV	BOSTON, MA	02110	10 ROWES WHARF PH06	BOSTON	02110
302961000	SHANE JAMES H	20 ROWES WHARF #303	BOSTON, MA	02110	20 ROWES WHARF 301	BOSTON	02110
302961000	DEMAKES TIMOTHY	20 ROWES WHARF #302	BOSTON, MA	02110	20 ROWES WHARF 302	BOSTON	02110
302961000	STEAMBOAT REALTY LLC	92 STATE ST	BOSTON, MA	02109	20 ROWES WHARF 304	BOSTON	02110
302961000	SHANE JAMES H TS	20 ROWES WHARF #305	BOSTON, MA	02110	20 ROWES WHARF 305	BOSTON	02110
302961000	ZHAO YING ZI	20 ROWES WHARF UNIT #306	BOSTON, MA	02110	20 ROWES WHARF 306	BOSTON	02110
302961000	ARAKELIAN CHARLES P TS	20 ROWES WHARF # 307	BOSTON, MA	02110	20 ROWES WHARF 307	BOSTON	02110
302961000	FARO A JOSEPH	20 ROWES WHARF #308	BOSTON, MA	02110	20 ROWES WHARF 308	BOSTON	02110
302961000	JAMES P ROSENFELD 1995 TRUST	20 ROWES WHARF, UNIT 309	BOSTON, MA	02110	20 ROWES WHARF 309	BOSTON	02110
302961000	GALE FREDERICK K	20 ROWES WHARF #310	BOSTON, MA	02110	20 ROWES WHARF 310	BOSTON	02110
302961000	SHIH CHIALOO LOUIS	28 SHOUSON HILL RD	CHESTNUT HILL, MA	02467	20 ROWES WHARF 402	BOSTON	02110
302961000	ESTORIL CORPORATION	206 ALLANDALE RD 3C	E SETAUKET, NY	11733	20 ROWES WHARF 403	BOSTON	02110
302961000	ROWE DANIEL T	101 CHESTNUT AV	BOSTON, MA	02110	20 ROWES WHARF 404	BOSTON	02110
302961000	NOGUEIRA GRACE	20 ROWES WHARF 404	BOSTON, MA	02110	20 ROWES WHARF 405	BOSTON	02110
302961000	ALOISI ANDREW	20 ROWES WHARF #405	BOSTON, MA	02110	20 ROWES WHARF 406	BOSTON	02110
302961000	ROCKWELL ANDREW R TS	20 ROWES WHARG #406	READVILLE, MA	02137	20 ROWES WHARF 407	BOSTON	02110
302961000	GERAGHTY ANNE C	PO BOX 5245/SIERRA RD	BOSTON, MA	02114	20 ROWES WHARF 408	BOSTON	02110
302961000	LEWIS HENRY R	90 CANAL ST	BOSTON, MA	02110	20 ROWES WHARF 409	BOSTON	02110
302961000	JUDITH C PETERSON 2005	20 ROWES WHARF #409	NEEDHAM, MA	02492	20 ROWES WHARF 410	BOSTON	02110
302961000	ROCHE JOHN J TS	201 BRIDLE TRAIL RD	BOSTON, MA	02110	20 ROWES WHARF 501	BOSTON	02110
302961000	JONES PATRICK T	20 ROWES WHARF #501	MASHPEE, MA	02649	20 ROWES WHARF 502	BOSTON	02110
302961000	COVENEY ANNE M	66 SIMONS RD UNIT E	BOSTON, MA	02110	20 ROWES WHARF 503	BOSTON	02110
302961000	YANG SHELLEY XIAO-LAN	20 ROWES WHARF #503	WEXFORD, PA	15090	20 ROWES WHARF 504	BOSTON	02110
302961000	JACOBS MARY M	901 PARK PZ	BOSTON, MA	02110	20 ROWES WHARF 505	BOSTON	02110
302961000	HATEM DAVID J	20 ROWES WHARF #505	BOSTON, MA	02110	20 ROWES WHARF 506	BOSTON	02110
302961000	FRANK A LOPICCOLO 2017 TRUST	20 ROWES WHARF #506	BOSTON, MA	02110	20 ROWES WHARF 507	BOSTON	02110
302961000	LI CHIANG	20 ROWES WHARF #507	WELLINGTON, FL	33414	20 ROWES WHARF 510	BOSTON	02110
302961000	FULCHINO PAUL E TS	2643 SHELTINGHAM DR	BOSTON, MA	02110	20 ROWES WHARF 601	BOSTON	02110
302961000	CELIKOL SINASI	20 ROWES WHARF #601	MEDFORD, MA	02155	20 ROWES WHARF 602	BOSTON	02110
302961000	LOCONTE CHRISTOPHER	4 COOK CIRCLE	BOSTON, MA	02110	20 ROWES WHARF 603	BOSTON	02110
302961000	BURR JONATHAN L	20 ROWES WHARG #603	WEST NEWBURY, MA	01985	20 ROWES WHARF 604	BOSTON	02110
302961000	STAATS DENNIS A TS	15 ARCHELAUS HILL RD	BOSTON, MA	02110	20 ROWES WHARF 605	BOSTON	02110
302961000	COTTON HARVEY	20 ROWES WHARF #605	BOSTON, MA	02110	20 ROWES WHARF 606	BOSTON	02110
302961000	GASPARRO PAUL M	20 ROWES WHARF #606	BOSTON, MA	02110	20 ROWES WHARF 607	BOSTON	02110
302961000	MCCARTHY JEFFREY	20 ROWES WHARF, UNIT 607	BOSON, MA	02110	20 ROWES WHARF 608	BOSTON	02110
302961000	RW 608 REALTY TRUST	400 ATLANTIC AVE	BOSTON, MA	02110	20 ROWES WHARF 609	BOSTON	02110
302961000	ZHAO YING ZI	22 LIBERTY DR UNIT 609	BOSTON, MA	02110	20 ROWES WHARF 610	BOSTON	02110



TRANSLATION CERTIFICATE

I, Muneebur Rahman, certify to the best of my knowledge and belief that the following is a true and accurate translation of the below-mentioned document(s) from English to Traditional Chinese completed under my supervision this 22nd day of June, 2022.

Description of document(s): Harborwalk repair notice

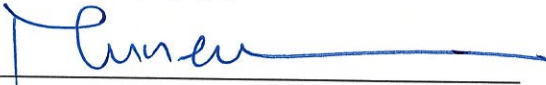
Number of pages: 3

Including --

Translation certificate: 1 page

Translation: 1 page(s)

Source: 1 page(s)



SIGNATURE



On this 22nd day of June 2022, before me, the undersigned notary public, personally appeared Muneebur Rahman who proved to me through satisfactory evidence of identification, which was Massachusetts driver's license, to be the person who signed the above statement in my presence.



NOTARY PUBLIC'S SIGNATURE & SEAL



**RENEE D. DESROCHERS**  
Notary Public  
Commonwealth of Massachusetts  
My Commission Expires  
May 22, 2026

「修復混凝土樁上現有的護套，修復任何老化的混凝土，並安裝新的玻璃纖維護套，以維持對海港步行道的支撐。」



“repairing the existing jackets on the concrete piles, repairing any deteriorated concrete, and installing new fiberglass jackets to maintain support of the Harborwalk.”



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 STEVENSON PHILIP B

Street and A  
 10 ROWES WHARF #902

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 BOSTON, MA 02110

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Sent To  
 THOMAS JEFFREY S

Street and A  
 10 ROWES WHARF #1001

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 C/OM BRADLEY W SNYDER

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City, State  
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 BOSTON, MA 02110

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 SHANE JAMES H  
 C/O JAMES SHANE TS

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 20 ROWES WHARF #303

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<input type="checkbox"/> Certified Mail Restricted Delivery	\$
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Postage	\$
Total Postage	\$

Sent To	WHARF PROPERTIES LLC MASS LLC
Street and	C/O BOWDITCH & DEWEY LLP
City, State	101 FEDERAL STREET - SUITE 1405 BOSTON, MA 2110

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Postage	\$
Total Postage	\$

Sent To	UNIT 705 REALTY TRUST
Street and	C/O GOULSTON & STORRS, P.C.
City, State	400 ATLANTIC AVENUE BOSTON, MA 2110

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Street and	85 EAST INDIA ROW
City, State	BOSTON, MA 2110

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Street and	ROSS KNIGHTS
City, State	P O BOX 1942 BROOKLINE, MA 2446

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<input type="checkbox"/> Adult Signature Restricted Delivery	\$

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 Street: 20 ROWES WHARF, UNIT 607  
 City, State: BOSTON, MA 2110

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Sent To: PAO MELODY TS  
 Street: C/O MELODY PAO TS  
 City, State: 20 ROWES WHARF -PH2  
 BOSTON, MA 2110

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage	\$
Total P	\$

Sent To: PIERRO JR RICHARD A  
 Street: 20 ROWES WHARF, UNIT 610  
 City, State: BOSTON, MA 2110

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage	\$
Total Postar	\$

Sent To: TRILEV RW LLC  
 Street and #: C/O GOULSTON & STORRS PC  
 City, State: 400 ATLANTIC AV  
 BOSTON, MA 2110

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage	\$
Total P	\$

Sent To: PAPPALARDO A NEIL  
 Street: 10 ROWES WHARF  
 City, State: BOSTON, MA 2110

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage	\$
Total Po	\$

Sent To: PAO FRANK C  
 Street and #: C/O ELEANOR & FRANK PAO  
 City, State: 301 CHAPEL HILL RD  
 PALM BEACH, FL 33480

7021 2720 0001 9671 3050

7021 2720 0001 9671 3107  
7021 2720 0001 9671 3138  
7021 2720 0001 9671 3152

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Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total	\$
Sent To	POPPALARDO A NEIL
Street	10 ROWES WHARF #1104
City, State, ZIP+4®	BOSTON, MA 2110
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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total	\$
Sent To	REISER ROGER G
Street	10 ROWES WHARF #PH05
City, State, ZIP+4®	BOSTON, MA 2110
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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total P	\$
Sent To	ROCKWELL ANDREW R TS
Street	C/O ANDREW ROCKWELL
City, State, ZIP+4®	20 ROWES WHARG #406 BOSTON, MA 2110
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7021 2720 0001 9671 3121  
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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total	\$
Sent To	REGAN GEORGE K JR
Street	C/O REGAN COMMUNICATIONS GROUP
City, State, ZIP+4®	INC 106 WHARF AVENUE BOSTON, MA 2109
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Certified Mail Fee	
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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total	\$
Sent To	REILLY STEPHEN
Street	20 ROWES WHARF #708
City, State, ZIP+4®	BOSTON, MA 2110
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Certified Mail Fee	
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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total	\$
Sent To	ROCHE JOHN J TS
Street	C/O JOHN J ROCHE TS
City, State, ZIP+4®	201 BRIDLE TRAIL RD NEEDHAM, MA 2492
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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

Total \$

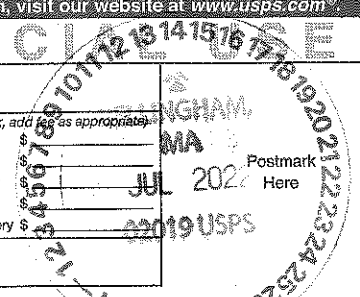
Sent To

Street

City, State

PS Form Instructions

ROWES WHARF ASSOCIATES LLC  
MORGAN STANLEY C/O JENNIE PRIES  
FRIEND  
1585 BROADWAY 37FL MCNT BK DEPT  
NEW YORK, NY 10036



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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

Total \$

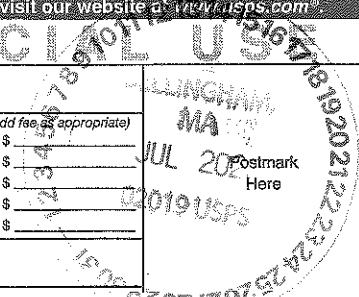
Sent To

Street

City, State

PS Form Instructions

ROWE DANIEL T  
101 CHESTNUT AV  
E SETAUKET, NY 11733



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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

Total \$

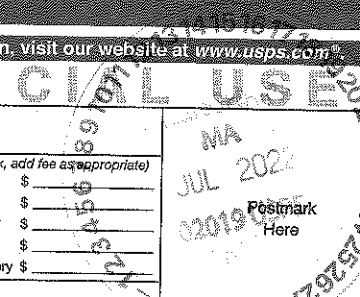
Sent To

Street

City, State

PS Form Instructions

ROWES WHARF LLC  
940 INDIGO POINT  
DELRAY BEACH, FL 33483



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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

Total \$

Sent To

Street

City, State

PS Form Instructions

ROWES WHARF CONDOMINIUM  
C/O TAJA REALTY TRUST  
655 SUMMER ST  
BOSTON, MA 2210



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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

Total \$

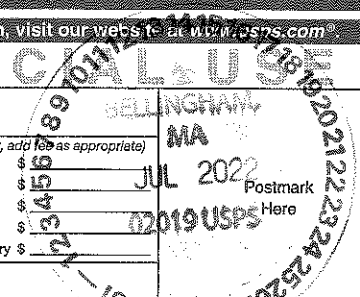
Sent To

Street

City, State

PS Form Instructions

SALEH EL-SAYED M  
20 ROWES WHARF #710  
BOSTON, MA 2110



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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

Total \$

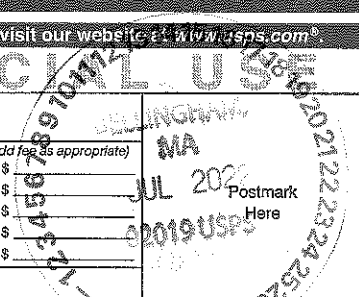
Sent To

Street

City, State

PS Form Instructions

RW 608 REALTY TRUST  
C/O GOULSTON & STORRS PC  
400 ATLANTIC AVE  
BOSON, MA 2110



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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage	\$
Total Postage and Fees	\$

Sent To: **SAPERS RHODA B**  
 Street: **WILLIAM R SAPERS**  
 City, St: **10 ROWES WHARF #1201**  
**BOSTON, MA 2110**

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage	\$
Total	\$

Sent To: **LATORRE JAMES**  
 Street: **300 BOYLSTON STREET UNIT 701**  
 City, St: **BOSTON, MA 2116**

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage	\$
Total	\$

Sent To: **FROG POND FOUNDATION INC**  
 Street: **11 KEEWAYDIN DRIVE SUITE 100**  
 City, St: **SALEM, NH 3079**

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage	\$
Total Pr	\$

Sent To: **SAPERSTEIN PAUL**  
 Street: **20 ROWES WHARF #TH-04**  
 City, St: **BOSTON, MA 2110**

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<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage	\$
Total Po	\$

Sent To: **SCHULTZ ALLEN M**  
 Street: **C/O ALLEN M SCHULTZ**  
 City, St: **2600 S OCEAN BL**  
**PALM BEACH, FL 33480**

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage	\$
Total f	\$

Sent To: **JANICE S CROWLEY REALTY TRUST**  
 Street: **C/O JANICE S CROWLEY**  
 City, St: **PO BOX 849**  
**MARLBOROUGH, MA 1752**

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage \$

Total P \$

Sent To  
Street  
City, St

PS For

JONES PATRICK T  
PATRICK T JONES  
20 ROWES WHARF #501  
BOSTON, MA 2110

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
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Postage \$

Total Pos \$

Sent To  
Street a  
City, St

PS For

FLUDDER STEVEN M  
20 ROWES WHARF #701  
BOSTON, MA 2110

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
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Postage \$

Total Po \$

Sent To  
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City, St

PS For

HAN JIWON  
10 ROWES WHARF #803  
BOSTON, MA 2110

9561 2720 0001 9671 7358

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
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Postage \$

Total Por \$

Sent To  
Street an  
City, St

PS For

FOURTEEN-04 ROWES WHARF TRUST  
C/O ROBERT MARR  
10 ROWES WHARF UNIT 1404  
BOSTON, MA 2110

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage \$

Total Po \$

Sent To  
Street a  
City, St

PS For

JAMES P ROSENFELD 1995 TRUST  
20 ROWES WHARF, UNIT 309  
BOSTON, MA 2110

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
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Postage \$

Total Postag \$

Sent To  
Street and A  
City, State, z

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IZZO ROBERT A  
C/O ROBERT IZZO  
20 ROWES WHARF #10  
BOSTON, MA 2110



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Certified Mail Fee		Postmark Here
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Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/>	Return Receipt (hardcopy) \$	
<input type="checkbox"/>	Return Receipt (electronic) \$	
<input type="checkbox"/>	Certified Mail Restricted Delivery \$	
<input type="checkbox"/>	Adult Signature Required \$	
<input type="checkbox"/>	Adult Signature Restricted Delivery \$	
Postage		
\$		
Total Post	\$	
Sent To	HATEM DAVID J	
Street and	20 ROWES WHARF #505	
City, State	BOSTON, MA 2110	

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Certified Mail Fee		Postmark Here
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Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/>	Return Receipt (hardcopy) \$	
<input type="checkbox"/>	Return Receipt (electronic) \$	
<input type="checkbox"/>	Certified Mail Restricted Delivery \$	
<input type="checkbox"/>	Adult Signature Required \$	
<input type="checkbox"/>	Adult Signature Restricted Delivery \$	
Postage		
\$		
Total Post	\$	
Sent To	JACOBS MARY M	
Street and	901 PARK PZ	
City, State	WEXFORD, PA 15090	

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Certified Mail Fee		Postmark Here
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Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/>	Return Receipt (hardcopy) \$	
<input type="checkbox"/>	Return Receipt (electronic) \$	
<input type="checkbox"/>	Certified Mail Restricted Delivery \$	
<input type="checkbox"/>	Adult Signature Required \$	
<input type="checkbox"/>	Adult Signature Restricted Delivery \$	
Postage		
\$		
Total Post	\$	
Sent To	LEWIS HENRY R	
Street and	90 CANAL ST	
City, State	BOSTON, MA 2114	

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Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/>	Return Receipt (hardcopy) \$	
<input type="checkbox"/>	Return Receipt (electronic) \$	
<input type="checkbox"/>	Certified Mail Restricted Delivery \$	
<input type="checkbox"/>	Adult Signature Required \$	
<input type="checkbox"/>	Adult Signature Restricted Delivery \$	
Postage		
\$		
Total Post	\$	
Sent To	HAMM ROGER L	
Street and	PO BOX 676351	
City, State	RANCHO SANTE FE, CA 92067	

7021 2720 0001 9671 7419

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\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/>	Return Receipt (hardcopy) \$	
<input type="checkbox"/>	Return Receipt (electronic) \$	
<input type="checkbox"/>	Certified Mail Restricted Delivery \$	
<input type="checkbox"/>	Adult Signature Required \$	
<input type="checkbox"/>	Adult Signature Restricted Delivery \$	
Postage		
\$		
Total Post	\$	
Sent To	GERAGHTY ANNE C	
Street and	C/O GERAGHTY ASSOCIATES INC	
City, State	PO BOX 5245/SIERRA RD READVILLE, MA 2137	

7021 2720 0001 9671 7402

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Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/>	Return Receipt (hardcopy) \$	
<input type="checkbox"/>	Return Receipt (electronic) \$	
<input type="checkbox"/>	Certified Mail Restricted Delivery \$	
<input type="checkbox"/>	Adult Signature Required \$	
<input type="checkbox"/>	Adult Signature Restricted Delivery \$	
Postage		
\$		
Total Post	\$	
Sent To	GASPARRO PAUL M	
Street and	20 ROWES WHARF #606	
City, State	BOSTON, MA 2110	

7021 2720 0001 9671 2964

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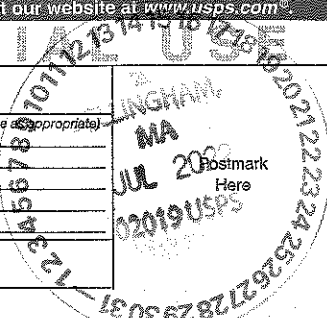
OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$  
Total \$

Sent To  
Street ANNE COLUMBIA/COLUMBIA GRP  
City, State CAMBRIDGE, MA 2142

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7021 2720 0001 9671 2957

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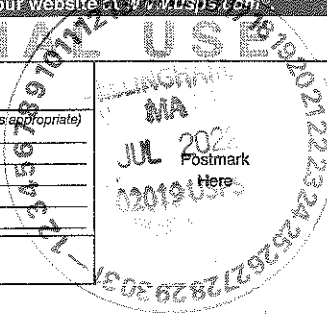
OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$  
Total \$

Sent To  
Street LOCONTE CHRISTOPHER  
City, State MEDFORD, MA 2155

PS Form Instructions



7021 2720 0001 9671 2919

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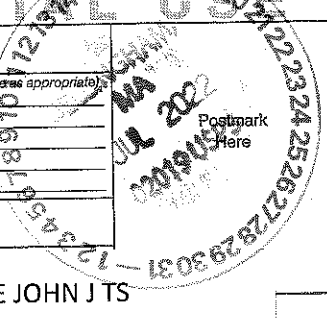
OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
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<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$  
Total \$

Sent To  
Street LARIVEE JOHN J TS  
City, State BOSTON, MA 2110

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7021 2720 0001 9671 2952

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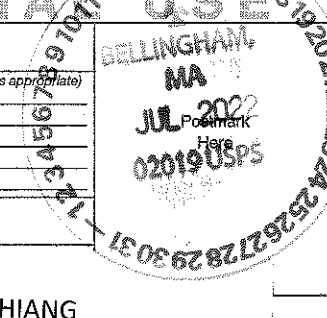
OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$  
Total \$

Sent To  
Street LI CHIANG  
City, State BOSTON, MA 2110

PS Form Instructions



7021 2720 0001 9671 7501

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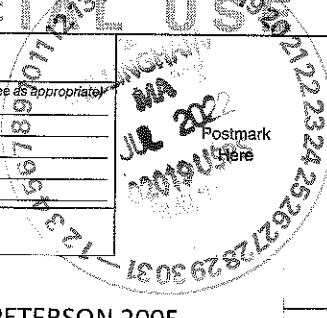
OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$  
Total \$

Sent To  
Street JUDITH C PETERSON 2005  
City, State BOSTON, MA 2110

PS Form Instructions



7021 2720 0001 9671 2902

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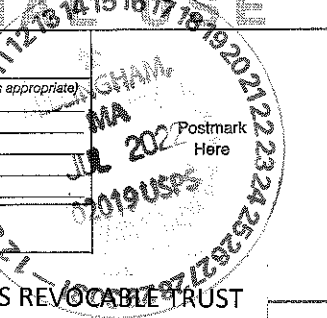
OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$  
Total \$

Sent To  
Street KIMBERLIE T SACHS REVOCABLE TRUST  
City, State BOSTON, MA 2110

PS Form Instructions



7021 2720 0001 9671 7302

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Certified Mail Fee \$

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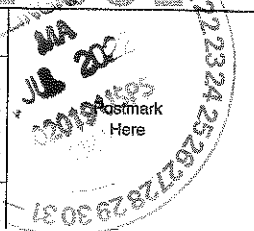
Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total Postage \$

Sent To: ELTERICH STEVEN

Street and: 25 SMITHS POINT RD

City, State: MANCHESTER, MA 1944

PS Form 3800, April 2019 Instructions

7021 2720 0001 9671 7297

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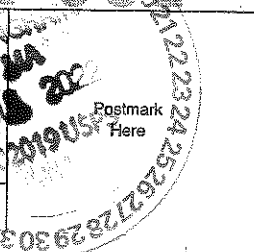
Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total Postage \$

Sent To: DORE TERESA L

Street and: 20 ROWES WHARF #TH-06

City, State: BOSTON, MA 2110

PS Form 3800, April 2019 Instructions

7021 2720 0001 9671 7273

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Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

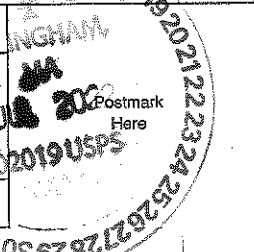
Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total Postage \$

Sent To: DEMAKES ANDREW

Street and: 20 ROWES WHARF #704

City, State: BOSTON, MA 2110

PS Form 3800, April 2019 Instructions

4562 7296 7000 2720 0001 9671 7330

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Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

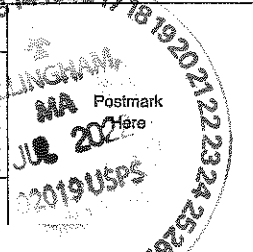
Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total Postage \$

Sent To: FARO A JOSEPH

Street and: 20 ROWES WHARF #308

City, State: BOSTON, MA 2110

PS Form 3800, April 2019 Instructions

0562 7296 7000 2720 0001 9671 7310

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Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

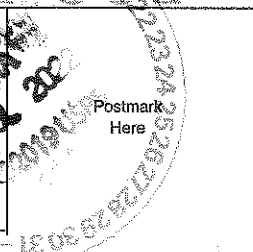
Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total Postage \$

Sent To: ESTORIL CORPORATION

Street and: 206 ALLANDALE RD 3C

City, State: CHESTNUT HILL, MA 2467

PS Form 3800, April 2019 Instructions

4262 7296 7000 2720 0001 9671 7323

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Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

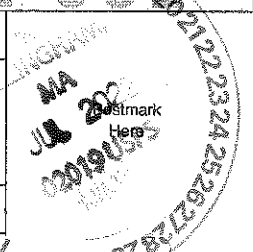
Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total Postage \$

Sent To: FALZONE MARK M

Street and: C/O MARK M FALZONE TS

City, State: 10 ROWES WHARF #PH02 BOSTON, MA 2110

PS Form 3800, April 2019 Instructions

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Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage	\$	
Sent To	<b>BURR JONATHAN L</b>	
Street and	<b>20 ROWES WHARF #603</b>	
City, State	<b>BOSTON, MA 2110</b>	

Postmark Here: MA JUL 20 2019 USPS

7021 2720 0001 9671 7398

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Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total P	\$	
Sent To	<b>DEMAKES TIMOTHY</b>	
Street	<b>20 ROWES WHARF #302</b>	
City, S	<b>BOSTON, MA 2110</b>	

Postmark Here: MA JUL 20 2019 USPS

7021 2720 0001 9671 7280

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Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total	\$	
Sent To	<b>ALFRED WHITE QTIP TRUST</b>	
Street	<b>C/O CHRISTINE WHITE</b>	
City, St	<b>32 SOUTHPORT DR MASHPEE, MA 02649</b>	

Postmark Here: MA JUL 20 2019 USPS

7021 2720 0001 9671 6184

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Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Pr	\$	
Sent To	<b>FRANK A LOPICCOLO 2017 TRUST</b>	
Street &	<b>C/O FRANK A LOPICCOLO</b>	
City, St	<b>20 ROWES WHARF #506 BOSTON, MA 2110</b>	

Postmark Here: MA JUL 20 2019 USPS

7021 2720 0001 9671 7365

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Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total	\$	
Sent To	<b>LARIVEE JOHN J TS</b>	
Street	<b>C/O JOHN LARIVEE TS</b>	
City,	<b>20 ROWES WHARF #TH-14 BOSTON, MA 02110</b>	

Postmark Here: MA JUL 20 2019 USPS

7021 2720 0001 9671 6641

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Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Pr	\$	
Sent To	<b>LATORRE JAMES</b>	
Street	<b>300 BOYLSTON STREET UNIT 701</b>	
City, St	<b>BOSTON, MA 02116</b>	

Postmark Here: MA JUL 20 2019 USPS

7021 2720 0001 9671 6658

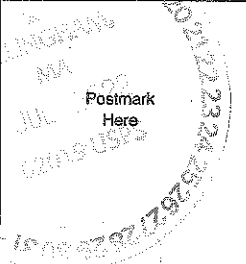
7021 2720 0001 9671 6268

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage	\$
Total P	\$
Sent	
Street	HAN JIWON 10 ROWES WHARF #803
City	BOSTON, MA 02110
PS Form	Instructions

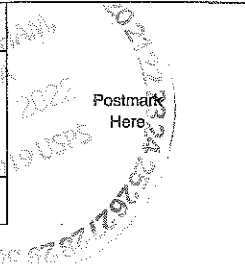
7021 2720 0001 9671 6252

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage	\$
Total P	\$
Sent	
Street	GASPARRO PAUL M 20 ROWES WHARF #606
City	BOSTON, MA 02110
PS Form	Instructions

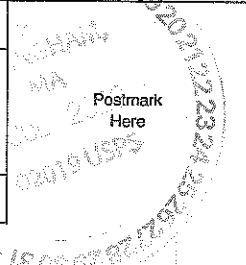
7021 2720 0001 9671 6268

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage	\$
Total P	\$
Sent	
Street	HATEM DAVID J 20 ROWES WHARF #505
City	BOSTON, MA 02110
PS Form	Instructions

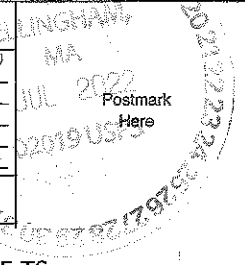
7021 2720 0001 9671 6276

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage	\$
Total P	\$
Sent	
Street	FULCHINO PAUL E TS C/O PAUL E FULCHINO 2643 SHELTINGHAM DR
City	WELLINGTON, FL 33414
PS Form	Instructions

7021 2720 0001 9671 6535

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage	\$
Total P	\$
Sent	
Street	GALE FREDERICK K 20 ROWES WHARF #310
City	BOSTON, MA 02110
PS Form	Instructions

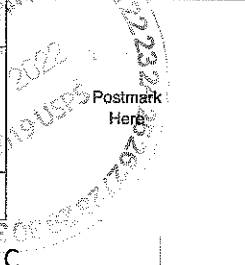
7021 2720 0001 9671 6283

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage	\$
Total P	\$
Sent	
Street	GERAGHTY ANNE C C/O GERAGHTY ASSOCIATES INC PO BOX 5245/SIERRA RD
City	READVILLE, MA 02137
PS Form	Instructions

7021 2720 0001 9671 3022

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Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

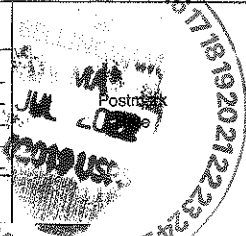
Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total P \$

Sent To  
MURRAY ROBERT W TS  
27 CAMBRIDGE ST  
BURLINGTON, MA 1803

Street  
City, S

PS F Instructions

7021 2720 0001 9671 3039

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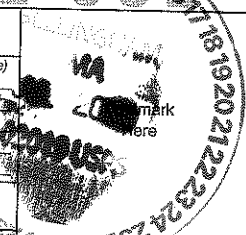
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Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

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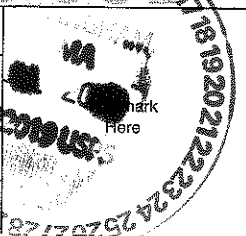
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Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

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Sent To  
NEW ENGLAND AQUARIUM  
248 ATLANTIC AV  
BOSTON, MA 2110

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9659 7296 0000 0000 2720 0001 9671 6542

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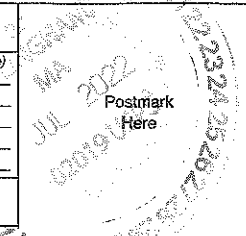
Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total P \$

Sent To  
IZZO ROBERT A  
C/O ROBERT IZZO  
20 ROWES WHARF #10  
BOSTON, MA 02110

Street  
City, S

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2459 7296 0000 0000 2720 0001 9671 6542

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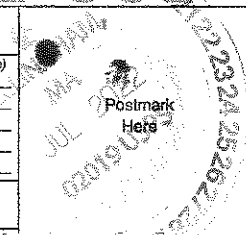
Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total P \$

Sent To  
HAMM ROGER L  
PO BOX 676351  
RANCHO SANTE FE, CA 92067

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City, S

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6506 7296 0000 0000 2720 0001 9671 6542

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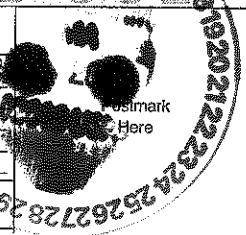
Return Receipt (hardcopy) \$

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Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total P \$

Sent To  
NOGUEIRA GRACE  
20 ROWES WHARF 404  
BOSTON, MA 2110

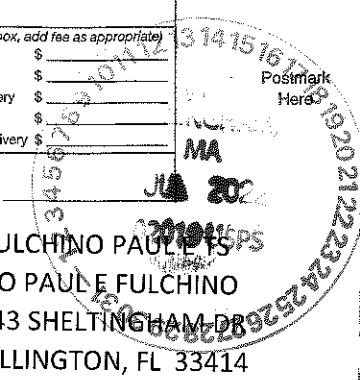
Street  
City, S

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<input type="checkbox"/>	Return Receipt (electronic) \$	
<input type="checkbox"/>	Certified Mail Restricted Delivery \$	
<input type="checkbox"/>	Adult Signature Required \$	
<input type="checkbox"/>	Adult Signature Restricted Delivery \$	
Postage		
\$		
Total Postage		
\$		
Sent To		
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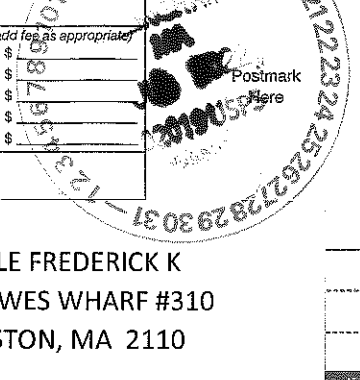
FULCHINO PAUL F  
 C/O PAUL E FULCHINO  
 2643 SHELTINGHAM DR  
 WELLINGTON, FL 33414

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<input type="checkbox"/>	Return Receipt (hardcopy) \$	
<input type="checkbox"/>	Return Receipt (electronic) \$	
<input type="checkbox"/>	Certified Mail Restricted Delivery \$	
<input type="checkbox"/>	Adult Signature Required \$	
<input type="checkbox"/>	Adult Signature Restricted Delivery \$	
Postage		
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Total Postage		
\$		
Sent To		
Street or PO Box		
City, State, ZIP+4®		
PS Form 3800, April 2010		Instructions

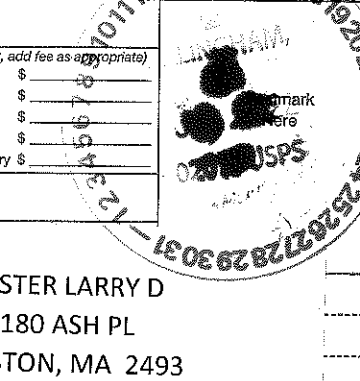
GALE FREDERICK K  
 20 ROWES WHARF #310  
 BOSTON, MA 2110

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<input type="checkbox"/>	Return Receipt (electronic) \$	
<input type="checkbox"/>	Certified Mail Restricted Delivery \$	
<input type="checkbox"/>	Adult Signature Required \$	
<input type="checkbox"/>	Adult Signature Restricted Delivery \$	
Postage		
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Total Postage		
\$		
Sent To		
Street or PO Box		
City, State, ZIP+4®		
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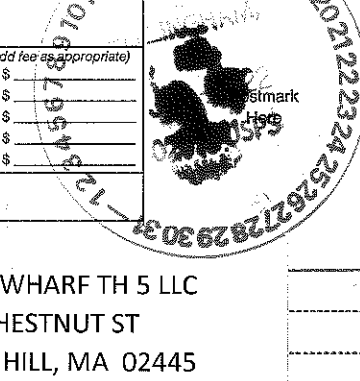
LESTER LARRY D  
 180 ASH PL  
 WESTON, MA 2493

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<input type="checkbox"/>	Return Receipt (electronic) \$	
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<input type="checkbox"/>	Adult Signature Required \$	
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