



## Appointment of Director

Company Name: **EAST POLLOKSHIELDS OUT OF SCHOOL CARE**

Company Number: **SC215331**



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### New Appointment Details

Date of Appointment: **21/04/2022**

Name: **MS SILVIA ALESSI**

The company confirms that the person named has consented to act as a director.

Service Address: **241 ALBERT DRIVE  
GLASGOW  
SCOTLAND  
G41 2NA**

Country/State Usually Resident: **SCOTLAND**

Date of Birth: **\*\*/09/1984**

Nationality: **ITALIAN**

Occupation: **BUSINESS SUPPORT OFFICER**

## **Authorisation**

### **Authenticated**

**This form was authorised by one of the following:**

**Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor**