



State of New Hampshire 2007 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2007

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 01/08/2007
Business ID: 394964
William M. Gardner
Secretary of State

RAYMOND GUTTER SUPPLY, LLC
4 GARNET COURT
RAYMOND, NH 03077

ADDRESS OF PRINCIPAL OFFICE:

4 GARNET COURT
RAYMOND, NH 03077

REGISTERED AGENT AND OFFICE:

BIRON BEDARD, ESQ
COOK & MOLAN, PA, 100 HALL ST, PO BOX 1465,
CONCORD, NH 03301

ENTITY TYPE: LLC
BUSINESS ID: 394964
STATE OF DOMICILE: NEW HAMPSHIRE
FEDERAL ID: 030386432
DELIVERY OF GUTTERS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- The new mailing address _____
 The new principal office address _____

PO Box is acceptable.

MANAGERS

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

MEMB. **David Pray**
STREET **4 Garnet Court**
CITY/STATE/ZIP **Raymond Nh 03077**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: David Pray

Please print name and title of signer: David Pray / MEMBER
NAME TITLE

FEE DUE: **\$100.00**

E-MAIL ADDRESS (OPTIONAL): _____



**WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE**
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529