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: 02/19/2007

Business ID: 384754

William M. Gardner

Secretary of State

ALL ABOUT YOU SALON, LLC.

PO BOX 357

PELHAM, NH 03076

ENTITY TYPE:	LLC
BUSINESS ID:	384754
STATE OF DOMICILE:	NEW HAMPSHIRE
FEDERAL ID:	020526170

FULL SERVICE SALON

1

ADDRESS OF PRINCIPAL OFFICE:

157 MARSH ROAD , PO BOX 357

PELHAM, NH 03076

REGISTERED AGENT AND OFFICE:

LYNNE REILLY

157 MARSH ROAD

PELHAM, NH 03076

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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.

3

MANAGERS — **A**

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

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA.	**Lynne Reilly**
STREET	**157 Marsh Rd**
CITY/STATE/ZIP	**Pelham NH 03076**
NAME	
STREET	
CITY/STATE/ZIP	
NAME	
STREET	
CITY/STATE/ZIP	
NAME	
STREET	
CITY/STATE/ZIP	

MEMBERS — **B**

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

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB.	**Danielle Downs**
STREET	**20 South Shore Dr**
CITY/STATE/ZIP	**Pelham NH 03076**
MEMB.	**Lynne Reilly**
STREET	**157 Marsh Rd**
CITY/STATE/ZIP	**Pelham NH 03076**
NAME	
STREET	
CITY/STATE/ZIP	
NAME	
STREET	
CITY/STATE/ZIP	

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

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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: **Lynne Reilly**

Please print name and title of signer: **Lynne Reilly** / **MANAGER**

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