State of New Hampshire
2007 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2007

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

Filed

Date Filed: 03/07/2007

Business ID: 2999

William M. Gardner

Secretary of State

PIERCE CAMP BIRCHMONT, INC.

693 GOVERNOR WENTWORTH WAY

WOLFEBORO, NH 03894

ENTITY TYPE:	CORPORATION
BUSINESS ID:	2999
STATE OF DOMICILE:	NEW YORK
FEDERAL ID:	111835349

OVERNIGHT CAMP('99AR)

1

ADDRESS OF PRINCIPAL OFFICE:

693 GOVERNOR WENTWORTH WAY

WOLFEBORO, NH 03894

REGISTERED AGENT AND OFFICE:

ROD COOLS

CAMP BIRCHMONT , 693 GOVERNOR WENTWORTI

WOLFEBORO, NH 03894

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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.

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OFFICERS

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

(MUST LIST AT LEAST ONE OFFICER BELOW)

A

PRES.	**Gregory Charles Pierce**
STREET	**37 Mineola Ave.**
CITY/STATE/ZIP	**Roslyn Ny 11576**
TREAS.	**Forrester William Pierce III**
STREET	**37 Mineola Ave.**
CITY/STATE/ZIP	**Roslyn Ny 11576**
NAME	
STREET	
CITY/STATE/ZIP	
NAME	
STREET	
CITY/STATE/ZIP	

BOARD OF DIRECTORS

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

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

B

DIR.	**Gregory Charles Pierce**
STREET	**37 Mineola Ave.**
CITY/STATE/ZIP	**Roslyn Ny 11576**
NAME	
STREET	
CITY/STATE/ZIP	
NAME	
STREET	
CITY/STATE/ZIP	
NAME	
STREET	
CITY/STATE/ZIP	

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

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To be signed by an officer, director, or any other person authorized by the board of directors.
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: **Gregory Charles Pierce**

Please print name and title of signer: **Gregory Charles Pierce** / **PRESIDENT**

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