



State of New Hampshire 2008 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, 2008

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

Filed
Date Filed: 01/21/2008
Business ID: 449677
William M. Gardner
Secretary of State

S.M.B. MERCHANDISING, INC.

368 NORTH BROADWAY
SALEM, NH 03079

ADDRESS OF PRINCIPAL OFFICE:

368 NORTH BROADWAY
SALEM, NH 03079

REGISTERED AGENT AND OFFICE:

SCOTT G. BROWNE
50-A NORTHWESTERN DR #10
SALEM, NH 03079

ENTITY TYPE: CORPORATION

BUSINESS ID: 449677

STATE OF DOMICILE: NEW HAMPSHIRE

DISTRIBUTOR FOR SALE/SERVICE OF CONSUMER PRODUCTS

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 **368 North Broadway, Salem, NH 03079**

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

A

PRES. **Scott Browne**
STREET **368 North Broadway**
CITY/STATE/ZIP **Salem Nh 03079**
SEC'Y. **Melissa Davison**
STREET **368 North Broadway**
CITY/STATE/ZIP **Salem NH 03079**
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. **Melissa Davison**
STREET **368 North Broadway**
CITY/STATE/ZIP **Salem NH 03079**
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

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: **Melissa Browne**

Please print name and title of signer: **Melissa Browne** / **SECRETARY**

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