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: 03/25/2008

Business ID: 539042

William M. Gardner

Secretary of State

BILLADAMS, LLC

12 DONAHUE RD

ENFIELD, NH 03748

ENTITY TYPE: LLC

BUSINESS ID: 539042

STATE OF DOMICILE: NEW HAMPSHIRE

OPERATION OF A RETAIL GROCERY STORE

1

ADDRESS OF PRINCIPAL OFFICE:

12 DONAHUE RD

ENFIELD, NH 03748

REGISTERED AGENT AND OFFICE:

RITCHARD, BILL L

12 DONAHUE DR

ENFIELD, NH 03748

2

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

[X] The new mailing address **2 Mascoma St, Lebanon, NH 03766**

[X] The new principal office address **2 Mascoma St, Lebanon, NH 03766**

PO Box is acceptable.

3

MANAGERS

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

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

A

NAME .....

STREET .....

CITY/STATE/ZIP

NAME .....

STREET .....

CITY/STATE/ZIP

NAME .....

STREET .....

CITY/STATE/ZIP

NAME .....

STREET .....

CITY/STATE/ZIP

MEMBERS

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

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

B

MEMB. **Ritchard L Bill**

STREET **12 Donahue Dr.**

CITY/STATE/ZIP **Enfield NH 03748**

NAME .....

STREET .....

CITY/STATE/ZIP

NAME .....

STREET .....

CITY/STATE/ZIP

NAME .....

STREET .....

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

4

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: **Ritchard L Bill**

Please print name and title of signer: **Ritchard L Bill** / **MEMBER**

NAME TITLE

FEE DUE: **$150.00**

E-MAIL ADDRESS (OPTIONAL):

053904220071508

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