



State of New Hampshire 2008 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, 2008

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

Filed
Date Filed: 03/25/2008
Business ID: 565935
William M. Gardner
Secretary of State

Owl Brook Alpacas, LLC
257 Perch Pond Rd
Holderness, NH 03245

ADDRESS OF PRINCIPAL OFFICE:

257 Perch Pond Rd
Holderness, NH 03245

REGISTERED AGENT AND OFFICE:

Carpenter, Bruce C
257 Perch Pond Rd
Holderness, NH 03245

ENTITY TYPE:	LLC
BUSINESS ID:	565935
STATE OF DOMICILE:	NEW HAMPSHIRE
purchasing, breeding, raising and agisting alpacas	

2 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). LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT		NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS	
A	NAME <u>Bruce C Carpenter</u>	B	NAME
	STREET <u>257 Perch Pond Rd</u>		STREET
	CITY/STATE/ZIP <u>Holderness NH 03245</u>		CITY/STATE/ZIP
3	NAME		NAME
	STREET		STREET
	CITY/STATE/ZIP		CITY/STATE/ZIP
	NAME		NAME
	STREET		STREET
	CITY/STATE/ZIP		CITY/STATE/ZIP
	NAME		NAME
	STREET		STREET
	CITY/STATE/ZIP		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: Bruce C Carpenter

Please print name and title of signer: Bruce C Carpenter 1 Manager

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): fu-barbc@hotmail.com



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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