



# State of New Hampshire 2009 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, 2009

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

Filed

Date Filed: 02/27/2009

Business ID: 90446

William M. Gardner

Secretary of State

HAN-SUL, INC.

17 Main St, PO Box 360  
Wilton, NH 03086

ADDRESS OF PRINCIPAL OFFICE:

17 MAIN ST , PO BOX 360  
WILTON, NH 03086

REGISTERED AGENT AND OFFICE:

Sullivan, C Wilson, Esq  
17 MAIN ST PO BOX 360  
WILTON, NH 03086

ENTITY TYPE: CORPORATION

BUSINESS ID: 90446

STATE OF DOMICILE: NEW HAMPSHIRE

DEAL IN REAL ESTATE-EXCAVATION AND EARTH MOVING

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.

OFFICERS

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

(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME ..... John A. Hanson  
STREET ..... 10 Wallace Road  
CITY/STATE/ZIP ..... Hancock, NH 03449  
NAME ..... C. Wilson Sullivan  
STREET ..... P.O. Box 360  
CITY/STATE/ZIP ..... Wilton, NH 03086  
NAME ..... Michael J. Sullivan, Jr.  
STREET ..... 5 Bedford Center Road  
CITY/STATE/ZIP ..... Bedford, NH 03110  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

BOARD OF DIRECTORS

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

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME ..... John A. Hanson  
STREET ..... 10 Wallace Road  
CITY/STATE/ZIP ..... Hancock, NH 03449  
NAME ..... Michael J. Sullivan, Jr.  
STREET ..... 5 Bedford Center Road  
CITY/STATE/ZIP ..... Bedford, NH 03110  
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:

C. Wilson Sullivan

Secretary

Please print name and title of signer:

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



9044620091005

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:

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