State of New Hampshire
2009 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, 2009

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

Filed
Date Filed: 03/08/2009
Business ID: 473568
William M. Gardner
Secretary of State

869 UNION STREET, LLC
17 GAMACHE ST
MANCHESTER, NH 03102

ENTITY TYPE: LLC
BUSINESS ID: 473568
STATE OF DOMICILE: NEW HAMPSHIRE

PURCHASE, SALE & RENTAL OF REAL EST.

1

ADDRESS OF PRINCIPAL OFFICE:
17 GAMACHE ST
MANCHESTER, NH 03102

REGISTERED AGENT AND OFFICE:
HOLLY MADULKA
17 GAMACHE ST
MANCHESTER, NH 03102

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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.

3

MANAGERS — **A**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME .....
STREET .....
CITY/STATE/ZIP _____
NAME .....
STREET .....
CITY/STATE/ZIP _____
NAME .....
STREET .....
CITY/STATE/ZIP _____
NAME .....
STREET .....
CITY/STATE/ZIP _____

MEMBERS — **B**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. Holly Madulka
STREET 17 Gamache Street
CITY/STATE/ZIP Manchester Nh 03102
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: holly madulka

Please print name and title of signer: holly madulka / MEMBER
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

047356820091005

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