



# 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: 03/24/2009  
Business ID: 604707  
William M. Gardner  
Secretary of State

WILD LEAF, INC.

80 WILDCAT MOUNTAIN DR, MADISON SHORES  
MADISON, NH 03849

ADDRESS OF PRINCIPAL OFFICE:  
80 WILDCAT MOUNTAIN DR, MADISON SHORES  
MADISON, NH 03849

REGISTERED AGENT AND OFFICE:  
BOSSIE, SHANNON  
80 WILDCAT MOUNTAIN DR  
MADISON, NH 03849

ENTITY TYPE: CORPORATION  
BUSINESS ID: 604707  
STATE OF DOMICILE: NEW HAMPSHIRE

Online health and wellness business offering community and products to support  
the lifestyle of health and sustainability.

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)

PRES. **Shannon Bossie**  
STREET **80 Wildcat Mountain Drive**  
**Madison Shores**  
**PO Box 495**  
CITY/STATE/ZIP **Madison NH 03849**  
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**PO Box 495**  
CITY/STATE/ZIP **Madison NH 03849**  
NAME  
CITY/STATE/ZIP  
STREET  
CITY/STATE/ZIP

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### BOARD OF DIRECTORS

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

DIR. **Shannon Bossie**  
STREET **80 Wildcat Mountain Drive**  
**Madison Shores**  
**PO Box 495**  
CITY/STATE/ZIP **Madison NH 03849**  
NAME  
CITY/STATE/ZIP  
STREET  
CITY/STATE/ZIP  
NAME  
STREET  
CITY/STATE/ZIP  
NAME  
STREET  
CITY/STATE/ZIP

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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.

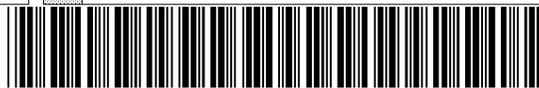
Sign here: **Shannon Bossie**

Please print name and title of signer: **Shannon Bossie** / **PRESIDENT**

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



060470720091006

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