



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: 04/01/2009
Business ID: 603153
William M. Gardner
Secretary of State

WILSON HILL GROUP, LLC
10 NORTHERN BLVD, UNIT 14
AMHERST, NH 03031

ADDRESS OF PRINCIPAL OFFICE:

10 NORTHERN BLVD, UNIT 14
AMHERST, NH 03031

REGISTERED AGENT AND OFFICE:

ASELIN, JASON
10 NORTHERN BLVD
AMHERST, NH 03031

ENTITY TYPE: LLC
BUSINESS ID: 603153
STATE OF DOMICILE: NEW HAMPSHIRE

DESIGN, CONSTRUCTION OF ENERGY EFFICIENT AND
ENVIRONMENTALLY SUSTAINABLE HOMES

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).

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

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

MEMB. **Jason Aselin**
STREET **10 Northern Blvd., Unit 14**
CITY/STATE/ZIP **Amherst NH 03031**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

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: Laurie Perreault

Please print name and title of signer: Laurie Perreault / AUTHORIZED PARTY

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): _____



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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