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: 04/01/2009

Business ID: 394703

William M. Gardner

Secretary of State

CHRIS ROSE TRUCKING, LLC

82 TYLER ROAD

WEBSTER, NH 03303

ENTITY TYPE: LLC

BUSINESS ID: 394703

STATE OF DOMICILE: NEW HAMPSHIRE

TRUCKING FOREST PRODUCTS

1

ADDRESS OF PRINCIPAL OFFICE:

78 TYLER ROAD

WEBSTER, NH 03303

REGISTERED AGENT AND OFFICE:

CHRISTOPHER ROSE

82 TYLER RD.

WEBSTER, NH 03303

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.

3

MANAGERS — **A**

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

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. **Christopher Rose**
STREET **82 Tyler Road**
CITY/STATE/ZIP **Webster Nh 03303**
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. **Christopher Rose**
STREET **82 Tyler Road**
CITY/STATE/ZIP **Webster Nh 03303**
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: **Christopher Rose**

Please print name and title of signer: **Christopher Rose** / **MANAGER**

NAME TITLE

FEE DUE: **$150.00**

E-MAIL ADDRESS (OPTIONAL):

039470320081502

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