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: 06/12/2009
Business ID: 189254
William M. Gardner
Secretary of State

FOUR STAR FLOORING, INC.
52 DOW ST
MANCHESTER, NH 03101

ENTITY TYPE: CORPORATION
BUSINESS ID: 189254
STATE OF DOMICILE: NEW HAMPSHIRE

RETAIL AND WHOLESALE CARPET AND FLOORING SALES AND INSTALLATION

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ADDRESS OF PRINCIPAL OFFICE:
52 DOW ST
MANCHESTER, NH 03101

REGISTERED AGENT AND OFFICE:
CASINGHINO, GARY L, ESQ
180 BRIDGE STREET
MANCHESTER, NH 03104

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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.

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OFFICERS

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

A

PRES. **John a Kallelis**
STREET **52 Dow Street**
CITY/STATE/ZIP **Manchester Nh 03101**
TREAS. **John a Kallelis**
STREET **52 Dow Street**
CITY/STATE/ZIP **Manchester Nh 03101**
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP

BOARD OF DIRECTORS

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

B

DIR. **John a Kallelis**
STREET **52 Dow Street**
CITY/STATE/ZIP **Manchester Nh 03101**
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

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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: **John A Kallelis**

Please print name and title of signer: **John A Kallelis** / **PRESIDENT**
NAME TITLE

FEE DUE: **$150.00**

E-MAIL ADDRESS (OPTIONAL):

018925420091506

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