# 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: 10/08/2009
Business ID: 534462
William M. Gardner
Secretary of State

**MRP MACHINE CO., LLC**

**469 NH ROUTE 11, PO BOX 420**
**FARMINGTON, NH 03835**

ENTITY TYPE: LLC
BUSINESS ID: 534462
STATE OF DOMICILE: NEW HAMPSHIRE

MACHINE SHOP

1

**ADDRESS OF PRINCIPAL OFFICE:**
**469 NH ROUTE 11, PO BOX 420**
**FARMINGTON, NH 03835**

**REGISTERED AGENT AND OFFICE:**
**PAULIN, MARK R**
**469 NH ROUTE 11, PO BOX 420**
**FARMINGTON, NH 03835**

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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. Mark R. Paulin
STREET 48 Garfield St
CITY/STATE/ZIP Farmington Nh 03835
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:** Mark R. Paulin

**Please print name and title of signer:** Mark R. Paulin / MEMBER
NAME TITLE

FEE DUE: **$150.00**

E-MAIL ADDRESS (OPTIONAL):

053446220091501

**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