# State of New Hampshire
# 2010 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, 2010**

**ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.**

Filed
Date Filed: 01/10/2010
Business ID: 140453
William M. Gardner
Secretary of State

PHOENIX RESTAURANT MANAGEMENT CORPORATION

**75 ARMS PARK DRIVE**
**MANCHESTER, NH 03101**

ENTITY TYPE: CORPORATION
BUSINESS ID: 140453
STATE OF DOMICILE: NEW HAMPSHIRE

DEAL SYSTEMS, METHODS, & CONTROLS FOR RESTAURANTS & ALL TYPES OF EAT/DRINK EST

1

**ADDRESS OF PRINCIPAL OFFICE:**
**75 ARMS PARK DRIVE**
**MANCHESTER, NH 03101**

**REGISTERED AGENT AND OFFICE:**
**PAIGE, JEFFREY**
**108 BLEVENS DRIVE**
**MANCHESTER, NH 03104**

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

**OFFICERS**

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

**A**

PRES. **Jeffrey Paige**
STREET **108 Blevens Drive**
CITY/STATE/ZIP **Manchester Nh 03104**
NAME
STREET
CITY/STATE/ZIP
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. **Christine Paige**
STREET **108 Blevens Drive**
CITY/STATE/ZIP **Manchester Nh 03104**
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

4

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:** **Christine Paige**

**Please print name and title of signer:** **Christine Paige** / **DIRECTOR**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

014045320101001

**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