



State of New Hampshire 2010 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, 2010

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

Olympic Homes LLC

61 Heritage Hill Rd
Windham, NH 03087

ADDRESS OF PRINCIPAL OFFICE:

61 Heritage Hill Rd
Windham, NH 03087

REGISTERED AGENT AND OFFICE:

Tsoukalas, George
61 Heritage Hill Road
Windham, NH 03087

ENTITY TYPE:	LLC
BUSINESS ID:	545628
STATE OF DOMICILE:	NEW HAMPSHIRE

building new homes

1 If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

2 The new mailing address _____

The new principal office address _____

PO Box is acceptable.

MANAGERS		MEMBERS	
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT A		NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS B	
NAME	<u>GEORGE TSOUKALAS</u>	NAME	<u>GEORGE TSOUKALAS</u>
STREET	<u>61 HERITAGE HILL RD</u>	STREET	<u>61 HERITAGE HILL RD</u>
CITY/STATE/ZIP	<u>Windham NH 03087</u>	CITY/STATE/ZIP	<u>Windham NH 03087</u>
NAME	.....	NAME	.....
STREET	.....	STREET	.....
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	.....
NAME	.....	NAME	.....
STREET	.....	STREET	.....
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	.....
NAME	.....	NAME	.....
STREET	.....	STREET	.....
CITY/STATE/ZIP	.....	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:

Please print name and title of signer: George Tsoukalas 1 MEMBER

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): _____



054562820101004

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