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: 04/20/2010
Business ID: 545580
William M. Gardner
Secretary of State

MARSCO INVESTMENTS, INC.

PO BOX 75
WEST OSSIPEE, NH 03890

ENTITY TYPE: CORPORATION
BUSINESS ID: 545580
STATE OF DOMICILE: NEW HAMPSHIRE

PURCHASE, DEVELOPMENT, RESALE OF REAL ESTATE/RESALE, MANAGEMENT

1

ADDRESS OF PRINCIPAL OFFICE:
PO BOX 75
WEST OSSIPEE, NH 03890

REGISTERED AGENT AND OFFICE:
GRAHAM, PETER M.
981 N MAIN ST
LACONIA, NH 03246

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

SEC'Y. Peter Graham
STREET PO Box 75
CITY/STATE/ZIP West Ossipee NH 03890
PRES. Paula Graham
STREET PO Box 75
CITY/STATE/ZIP West Ossipee NH 03890
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. Peter Graham
STREET PO Box 75
CITY/STATE/ZIP West Ossipee NH 03890
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: Peter Graham

Please print name and title of signer: Peter Graham / SECRETARY
NAME TITLE

FEE DUE: **$150.00**

E-MAIL ADDRESS (OPTIONAL):

054558020101506

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