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.

Filed

Date Filed: 06/08/2010

Business ID: 580458

William M. Gardner

Secretary of State

H&E HIGH-EFFICIENCY POWER BURNER, LLC

223 RABBIT RD

SALISBURY, NH 03268

ENTITY TYPE: LLC

BUSINESS ID: 580458

STATE OF DOMICILE: NEW HAMPSHIRE

MANUFACTURE AND DISTRIBUTE POWER BURNERS

1

ADDRESS OF PRINCIPAL OFFICE:

223 RABBIT RD

SALISBURY, NH 03268

REGISTERED AGENT AND OFFICE:

FRENETTE, EUGENE R

223 RABBIT RD

SALISBURY, NH 03268

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

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. **Eugene Frenette**

STREET **223 Rabbit Road**

CITY/STATE/ZIP **Salisbury Nh 03268**

MEMB. **Henry Frenette**

STREET **101 Berry Pond Road**

CITY/STATE/ZIP **Pittsfield Nh 03263**

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: **Eugene R Frenette**

Please print name and title of signer: **Eugene R Frenette** / **AUTHORIZED PARTY**

NAME TITLE

FEE DUE: **$150.00**

E-MAIL ADDRESS (OPTIONAL):

058045820101509

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:

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