State of New Hampshire
2011 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, 2011

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

Filed

Date Filed: 01/17/2011

Business ID: 127307

William M. Gardner

Secretary of State

BAY ELECTRIC COMPANY

PO BOX 6316

CAPE ELIZABETH, ME 04107

ENTITY TYPE: CORPORATION

BUSINESS ID: 127307

STATE OF DOMICILE: MAINE

ELECTRICAL

1

ADDRESS OF PRINCIPAL OFFICE:

PO BOX 6316

CAPE ELIZABETH, ME 04107

REGISTERED AGENT AND OFFICE:

MAILMAN, JAMES

198 VICTORIAN WAY

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. **Cynthia Mailman**

STREET **PO Box 6316**

CITY/STATE/ZIP **Cape Elizabeth Me 04107**

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. **Don Mailman**

STREET **PO Box 6316**

CITY/STATE/ZIP **Cape Elizabeth Me 04107**

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: **Cynthia Mailman**

Please print name and title of signer: **Cynthia Mailman** / **PRESIDENT**

NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

012730720111005

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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