State of New Hampshire
2011 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, 2011

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

Filed
Date Filed: 03/03/2011
Business ID: 261684
William M. Gardner
Secretary of State

DEEP HARBOR LLC

446 BENTON RTE 116, PO BOX 188
N HAVERHILL, NH 03774

ENTITY TYPE: LLC
BUSINESS ID: 261684
STATE OF DOMICILE: NEW HAMPSHIRE

OPERATE & MANAGE A PRINTING CO & RELATED ACTIVITY

1

ADDRESS OF PRINCIPAL OFFICE:
446 BENTON RTE 116 , PO BOX 188
N HAVERHILL, NH 03774

REGISTERED AGENT AND OFFICE:
HARRIS, CHARLES F
RT 116 , PO BOX 188
N HAVERHILL, NH 03774

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

MANA. **Charles F, Harris**
STREET **446 Benton Road**
CITY/STATE/ZIP **North Haverhill Nh 03774**
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. **Philip Hayward**
STREET **446 Benton Road**
CITY/STATE/ZIP **North Haverhill Nh 03774**
MEMB. **Dennis Devaux**
STREET **446 Benton Road**
CITY/STATE/ZIP **North Haverhill Nh 03774**
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: **Connie Smith**

Please print name and title of signer: **Connie Smith** / **AUTHORIZED PARTY**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

026168420111002

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