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: 03/04/2011
Business ID: 150873
William M. Gardner
Secretary of State

BISSON TRANSPORTATION, INC.

14 MAINE STREET, SUITE 413
BRUNSWICK, ME 04011

ENTITY TYPE: CORPORATION
BUSINESS ID: 150873
STATE OF DOMICILE: MAINE

OPERATING A MOVING AND STORAGE BUSINESS; ANY LAWFUL ACTIVITIES

1

ADDRESS OF PRINCIPAL OFFICE:
14 MAINE STREET, SUITE 413
BRUNSWICK, ME 04011

REGISTERED AGENT AND OFFICE:
C T CORPORATION SYSTEM
9 CAPITOL STREET
CONCORD, NH 03301

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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.

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OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

A

PRES. **Robert R. Cooper, Jr.**
STREET **14 Maine Street, Suite 413**
CITY/STATE/ZIP **Brunswick Me 04011**
TREAS. **Robert R. Cooper, Jr.**
STREET **14 Maine Street, Suite 413**
CITY/STATE/ZIP **Brunswick Me 04011**
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. **Robert R. Cooper, Jr.**
STREET **14 Maine Street, Suite 413**
CITY/STATE/ZIP **Brunswick Me 04011**
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: **William H. Richardson**

Please print name and title of signer: **William H. Richardson** / **AUTHORIZED PARTY**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

015087320111009

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