



# State of New Hampshire 2011 ANNUAL REPORT

Filed  
Date Filed: 03/29/2011  
Business ID: 186585  
William M. Gardner  
Secretary of State

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.

HIGH POINT COMMUNICATIONS GROUP, INC.

34 Heidi Lane  
Bow, NH 03304

**ADDRESS OF PRINCIPAL OFFICE:**

34 Heidi Lane  
Bow, NH 03304

**REGISTERED AGENT AND OFFICE:**

Castaldo, Neil F, Esq  
11 S Main Street S400  
Concord, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 186585

STATE OF DOMICILE: NEW HAMPSHIRE

CORPORATE COMMUNICATIONS AND PUBLIC RELATIONS  
CONSULTATION

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

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The new mailing address \_\_\_\_\_

The new principal office address \_\_\_\_\_

PO Box is acceptable.

**OFFICERS**

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

A

NAME ..... LAURA MONICA .....  
STREET ..... 34 Heidi Lane .....  
CITY/STATE/ZIP ..... Bow, NH 03304 .....  
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

NAME ..... LAURA MONICA .....  
STREET ..... 34 Heidi Lane .....  
CITY/STATE/ZIP ..... Bow, NH 03304 .....  
NAME ..... William Verville .....  
STREET ..... 34 Heidi Lane .....  
CITY/STATE/ZIP ..... Bow, NH 03304 .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

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.

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Sign here: \_\_\_\_\_

Please print name and title of signer: \_\_\_\_\_

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): LAURAMONICA@KEEPLEGAL.COM

State of New Hampshire  
Fee - Form 47 - (Corporations) 1 Page(s)

WHEN THIS FOR  
PUBLIC DOCUM  
REQUIRED INFORM



T1108845078

IT WILL BECOME A  
PUBLIC DISCLOSURE  
PORT WILL BE REJECTED

OK  
AJP

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