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: 03/31/2011

Business ID: 572152

William M. Gardner

Secretary of State

ANGINSTAR, L.L.C.

99 FALTIN DRIVE

MANCHESTER, NH 03103

ENTITY TYPE: LLC

BUSINESS ID: 572152

STATE OF DOMICILE: NEW HAMPSHIRE

REAL ESTATE

1

ADDRESS OF PRINCIPAL OFFICE:

99 FALTIN DRIVE

MANCHESTER, NH 03103

REGISTERED AGENT AND OFFICE:

KFOURY, PAUL R, SR ESQ

SHAHEEN & GORDON PA, 80 MERRIMACK STREET

MANCHESTER, NH 03101

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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.

3

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT **A**

MANA. **Andre Desmarais**
STREET **99 Faltin Drive**
CITY/STATE/ZIP **Manchester Nh 03103**

MANA. **Stacey Blake**
STREET **99 Faltin Drive**
CITY/STATE/ZIP **Manchester Nh 03103**

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS **B**

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

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: **Andre Desmarais**

Please print name and title of signer: **Andre Desmarais** / **MANAGER**

NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

057215220111007

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