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: 04/07/2011
Business ID: 480972
William M. Gardner
Secretary of State

TRUSOLACE, LLC

35 3RD STREET, SUITE E
DOVER, NH 03820

ENTITY TYPE: LLC
BUSINESS ID: 480972
STATE OF DOMICILE: NEW HAMPSHIRE

THERAPEUTIC MASSAGE AND SKIN CARE; FACIALS, BODY TREATMENTS, HAIR REMOVAL

1

ADDRESS OF PRINCIPAL OFFICE:
35 3RD ST. SUITE E
DOVER, NH 03820

REGISTERED AGENT AND OFFICE:
HARTRANFT, CAROLINE
925 1ST CROWN PT RD
STRAFFORD, NH 03884

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

[X] The new mailing address **644 Franklin Pierce Hwy.,, Barrington, NH 03825**

[X] The new principal office address **644 Franklin Pierce Hwy., , Barrington, NH 03825**

PO Box is acceptable.

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MANAGERS — **A**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. **Caroline Hartranft**
STREET **925 1st Crown Pt. Rd.**
CITY/STATE/ZIP **Strafford Nh 03884**
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. **Caroline Hartranft**
STREET **925 1st Crown Pt. Rd.**
CITY/STATE/ZIP **Strafford Nh 03884**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

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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: **Caroline Hartranft**

Please print name and title of signer: **Caroline Hartranft** / **MANAGER**
NAME TITLE

FEE DUE: **$150.00**

E-MAIL ADDRESS (OPTIONAL):

048097220111500

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