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: 07/14/2011
Business ID: 460600
William M. Gardner
Secretary of State

SKYLINE COMMUNICATIONS, LLC

PO BOX 16516
HOOKSETT, NH 03106-6516

ENTITY TYPE: LLC
BUSINESS ID: 460600
STATE OF DOMICILE: NEW HAMPSHIRE

SALES AND SERVICE OF VOICE, DATA AND SECURITY SYSTEMS

1

ADDRESS OF PRINCIPAL OFFICE:
1 MOUNTAIN VIEW RD
HOOKSETT, NH 03106

REGISTERED AGENT AND OFFICE:
SOUCY, BRIAN P
1 MOUNTAIN VIEW RD
HOOKSETT, NH 03106

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

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

NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
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**

MEMB. **Brian P Soucy**
STREET **PO Box 16516**
CITY/STATE/ZIP **Hooksett Nh 03106**
MEMB. **Marianne E Soucy**
STREET **PO Box 16516**
CITY/STATE/ZIP **Hooksett Nh 03106**
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: **Brian P Soucy**

Please print name and title of signer: **Brian P Soucy** / **MEMBER**
NAME TITLE

FEE DUE: **$150.00**

E-MAIL ADDRESS (OPTIONAL):

046060020111506

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