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: 01/05/2012
Business ID: 633544
William M. Gardner
Secretary of State

BASCOM'S STORAGE, LLC

121 STAGE RD
NOTTINGHAM, NH 03290

ENTITY TYPE: LLC
BUSINESS ID: 633544
STATE OF DOMICILE: NEW HAMPSHIRE

OPERATE A STORAGE FACILITY

1

ADDRESS OF PRINCIPAL OFFICE:
121 STAGE RD
NOTTINGHAM, NH 03290

REGISTERED AGENT AND OFFICE:
LABOE, JOHN E, ESQ
6 LOUDON ROAD STE 307
CONCORD, NH 03301

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 **117 Stage RD, Nottingham, NH 03290**

PO Box is acceptable.

3

MANAGERS — A

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

MANA. **Michael John Bascom**
STREET **121 Stage Rd**
CITY/STATE/ZIP **Nottingham NH 03290**

MANA. **Teresa Lynn Bascom**
STREET **121 Stage RD**
CITY/STATE/ZIP **Notthinham NH 03290**

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

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: **Michael John Bascom**

Please print name and title of signer: **Michael John Bascom** / **MANAGER**
NAME TITLE

FEE DUE: **$150.00**

E-MAIL ADDRESS (OPTIONAL):

063354420111505

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