



State of New Hampshire 2012 ANNUAL REPORT

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, 2012

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 01/09/2012
Business ID: 168947
William M. Gardner
Secretary of State

TOCCI BUILDING CORPORATION

660 MAIN STREET
WOBURN, MA 01801

ADDRESS OF PRINCIPAL OFFICE:

660 MAIN STREET
WOBURN, MA 01801

REGISTERED AGENT AND OFFICE:

INCORP SERVICES, INC.
152 S MAST STREET
GOFFSTOWN, NH 03045

ENTITY TYPE: CORPORATION

BUSINESS ID: 168947

STATE OF DOMICILE: MASSACHUSETTS

CONSTRUCTION MANAGERS.

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.

OFFICERS

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

PRES. **John L Tocci**
STREET **660 Main Street**
CITY/STATE/ZIP **Woburn Ma 01801**
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)

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 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.

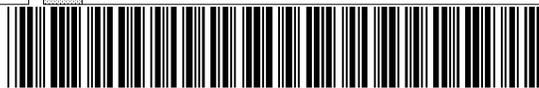
Sign here: **John L. Tocci**

Please print name and title of signer: **John L. Tocci** / **PRESIDENT**

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



016894720121001

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