State of New Hampshire
2012 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, 2012

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

Filed
Date Filed: 01/17/2012
Business ID: 488248
William M. Gardner
Secretary of State

SAMMICK LEE OREE, LLC

41 ABENAKI LANE
BRIDGEWATER, NH 03222

ENTITY TYPE: LLC
BUSINESS ID: 488248
STATE OF DOMICILE: NEW HAMPSHIRE

ACQUISITION OF REAL ESTATE FOR DEVELOPMENT, INCOME-PRODUCING PROPERTY

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ADDRESS OF PRINCIPAL OFFICE:
41 ABENAKI LANE
BRIDGEWATER, NH 03222

REGISTERED AGENT AND OFFICE:
MIGLIORE, VINCENT PAUL
41 ABENAKI TRAIL
BRIDGEWATER, NH 03222

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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 **198 WHITTEMORE POINT RD SOUTH, BRIDGEWATER, NH 03222**

[X] The new principal office address **198 WHITTEMORE POINT RD SOUTH, BRIDGEWATER, NH 03222**

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. **Vincent Paul Migliore**
STREET **198 WHITTEMORE POINT RD SOUTH**
CITY/STATE/ZIP **Bridgewater NH 03222**
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. **Vincent Paul Migliore**
STREET **198 WHITTEMORE POINT RD SOUTH**
CITY/STATE/ZIP **Bridgewater NH 03222**
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: **VINCENT PAUL MIGLIORE**

Please print name and title of signer: **VINCENT PAUL MIGLIORE** / **MANAGER**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

048824820121000

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