



State of New Hampshire 2013 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, 2013

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

Filed
Date Filed: 02/13/2013
Business ID: 646838
William M. Gardner
Secretary of State

THE FIELD GROUP, INC.
26 WINDSOR GREEN
GREENLAND, NH 03840

ADDRESS OF PRINCIPAL OFFICE:

26 WINDSOR GREEN
GREENLAND, NH 03840

REGISTERED AGENT AND OFFICE:

MANSFIELD, DOUGLAS M, ESQ
225 WATER STREET
EXETER, NH 03833

ENTITY TYPE: CORPORATION

BUSINESS ID: 646838

STATE OF DOMICILE: NEW HAMPSHIRE

SELL NEW AND USED MEDICAL EQUIPMENT AND PROVIDE
MEDICAL EQUIPMENT SERVICES

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. **Derrick Field**
STREET **26 Windsor Green**
CITY/STATE/ZIP **Greenland Nh 03840**
TREAS. **Derrick Field**
STREET **26 Windsor Green**
CITY/STATE/ZIP **Greenland Nh 03840**
SEC'Y. **Stacey Field**
STREET **26 Windsor Green**
CITY/STATE/ZIP **Greenland Nh 03840**
NAME
STREET
CITY/STATE/ZIP

A

BOARD OF DIRECTORS

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

DIR. **Derrick Field**
STREET **26 Windsor Green**
CITY/STATE/ZIP **Greenland Nh 03840**
NAME
STREET
CITY/STATE/ZIP

B

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.

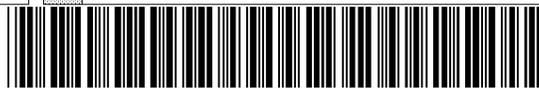
Sign here: **Douglas M Mansfield**

Please print name and title of signer: **Douglas M Mansfield** / **AUTHORIZED PARTY**

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



064683820131002

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, 107 N. Main St., Room 204, Concord, NH 03301