State of New Hampshire
2013 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, 2013

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

Filed
Date Filed: 03/15/2013
Business ID: 665712
William M. Gardner
Secretary of State

STJB LLC

16 OLD COFFEETOWN RD
DEERFIELD, NH 03037

ENTITY TYPE: LLC
BUSINESS ID: 665712
STATE OF DOMICILE: NEW HAMPSHIRE

OWN AND MANAGE A COMMERCIAL OFFICE BUILDING

1

ADDRESS OF PRINCIPAL OFFICE:
16 OLD COFFEETOWN RD
DEERFIELD, NH 03037

REGISTERED AGENT AND OFFICE:
HICKS, STEPHEN
16 OLD COFFEETOWN RD
DEERFIELD, NH 03037

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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 **172 Rockingham Rd, Londonderry, NH 03053**

[X] The new principal office address **172 Rockingham Road, Londonderry, NH 03053**

PO Box is acceptable.

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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. **Stephen Hicks**
STREET **16 Old Coffeetown Rd**
CITY/STATE/ZIP **Deerfield NH 03037**
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: **Stephen Hicks**

Please print name and title of signer: **Stephen Hicks** / **MEMBER**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

066571220131004

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