



# 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: 04/15/2013  
Business ID: 631665  
William M. Gardner  
Secretary of State

Butternuts Beer and Ale, LLC  
4020 State Hwy 51  
Garrattsville, NY 13342

**ADDRESS OF PRINCIPAL OFFICE:**

4020 State Hwy 51  
Garrattsville, NY 13342

**REGISTERED AGENT AND OFFICE:**

National Registered Agents, Inc.  
Suloway & Hollis 9 Capitol Street  
Concord, NH 03301

ENTITY TYPE: LLC  
BUSINESS ID: 631665  
STATE OF DOMICILE: NEW YORK

The company will conduct wholesale sales to Craft Beer Guild, LLC for the  
distribution of its beer products.

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.

**MANAGERS**

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

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

NAME Charles Williamson.....  
STREET 4020 St. Hwy 51.....  
CITY/STATE/ZIP Garrattsville, NY 13342.....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

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: Charles Williamson

Please print name and title of signer: Charles Williamson

NAME

1 COO

TITLE

FEE DUE: \$150.00

E-MAIL ADDRESS (OPTIONAL): \_\_\_\_\_

State of New Hampshire  
Fee - Form LLC 8 - (LLC) 1 Page(s)

WHEN THIS FORM IS /  
PUBLIC DOCUMENT A  
REQUIRED INFORMATION!



T1310755080

ILL BECOME A  
C DISCLOSURE  
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