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: 04/23/2013
Business ID: 668409
William M. Gardner
Secretary of State

JOLO PROPERTIES, LLC

485 ELM ST
MANCHESTER, NH 03101

ENTITY TYPE: LLC
BUSINESS ID: 668409
STATE OF DOMICILE: NEW HAMPSHIRE

REAL ESTATE

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ADDRESS OF PRINCIPAL OFFICE:
485 ELM ST
MANCHESTER, NH 03101

REGISTERED AGENT AND OFFICE:
PICHETTE, LOUIS J
485 ELM STREET
MANCHESTER, NH 03101

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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 **PO Box 5365, Manchester, NH 03108**

[X] The new principal office address **19A Columbia Drive, Amherst, NH 03031**

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. **Louis Pichette**
STREET **19 A Columbia Drive**
CITY/STATE/ZIP **Amherst NH 03031**
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

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 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: **Louis Pichette**

Please print name and title of signer: **Louis Pichette** / **MANAGER**
NAME TITLE

FEE DUE: **$150.00**

E-MAIL ADDRESS (OPTIONAL):

066840920131505

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