State of New Hampshire
2014 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, 2014

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

Filed
Date Filed: 02/21/2014
Business ID: 20054
William M. Gardner
Secretary of State

RIVER RUN COMPANY, INC.

PO BOX 826
NORTH CONWAY, NH 03860

ENTITY TYPE: CORPORATION
BUSINESS ID: 20054
STATE OF DOMICILE: NEW HAMPSHIRE

REAL ESTATE DEVELOPMENT (1997 AR)

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ADDRESS OF PRINCIPAL OFFICE:
2760 WHITE MOUNTAIN HWY,
NORTH CONWAY, NH 03860

REGISTERED AGENT AND OFFICE:
KANTACK, ROBERT B.
MAIN STREET , PO BOX 826
NORTH CONWAY, NH 03860

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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.

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OFFICERS — **A**

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

PRES.	**Joseph L. Berry**
STREET	**PO Box 826**
CITY/STATE/ZIP	**North Conway Nh 03860**
TREAS.	**Edward T. Moore**
STREET	**PO Box 826**
CITY/STATE/ZIP	**North Conway Nh 03860**
V-PRES.	**Robert B. Kantack**
STREET	**PO Box 826**
CITY/STATE/ZIP	**North Conway Nh 03860**
SEC'Y.	**Robert B. Kantack**
STREET	**PO Box 826**
CITY/STATE/ZIP	**North Conway Nh 03860**

BOARD OF DIRECTORS — **B**

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

DIR.	**Joseph L. Berry**
STREET	**PO Box 826**
CITY/STATE/ZIP	**North Conway Nh 03860**
DIR.	**Edward T. Moore**
STREET	**PO Box 826**
CITY/STATE/ZIP	**North Conway Nh 03860**
DIR.	**Robert B. Kantack**
STREET	**PO Box 826**
CITY/STATE/ZIP	**North Conway Nh 03860**
NAME	.....
STREET	.....
CITY/STATE/ZIP	

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

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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: **Joseph L Berry**

Please print name and title of signer: **Joseph L Berry** / **PRESIDENT**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

2005420141009

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

2014 ANNUAL REPORT

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS:

SECRETARY

IRENE M. DONNELL
PO BOX 826
NORTH CONWAY, NH 03860