



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: 02/23/2014
Business ID: 641166
William M. Gardner
Secretary of State

GLENN HAMPOIAN HEATING AND AIR CONDITIONING INC.

18 OLDE LANTERN RD
BEDFORD, NH 03110

ADDRESS OF PRINCIPAL OFFICE:

18 OLDE LANTERN RD
BEDFORD, NH 03110

REGISTERED AGENT AND OFFICE:

HILTON, EMMA J, ESQ
25 ORCHARD VIEW DRIVE
LONDONDERRY, NH 03053

ENTITY TYPE: CORPORATION
BUSINESS ID: 641166
STATE OF DOMICILE: NEW HAMPSHIRE
Heating and Cooling

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		BOARD OF DIRECTORS	
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). <u>(MUST LIST AT LEAST ONE OFFICER BELOW)</u>		NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). <u>(MUST LIST AT LEAST ONE DIRECTOR BELOW)</u>	
PRES.	Glenn Hampoian	DIR.	Glenn Hampoian
STREET	18 Olde Lantern Rd.	STREET	18 Olde Lantern Rd.
CITY/STATE/ZIP	Bedford Nh 03110	CITY/STATE/ZIP	Bedford Nh 03110
NAME	.....	NAME	.....
STREET	.....	STREET	.....
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	.....
NAME	.....	NAME	.....
STREET	.....	STREET	.....
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	.....
NAME	.....	NAME	.....
STREET	.....	STREET	.....
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	.....
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: Glenn Hampoian

Please print name and title of signer: Glenn Hampoian / DIRECTOR

NAME TITLE

FEE DUE: \$100.00 E-MAIL ADDRESS (OPTIONAL): _____



064116620141002

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