



# 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: 03/10/2014  
Business ID: 498216  
William M. Gardner  
Secretary of State

WIGGINS AIRWAYS, INC.  
**ONE GARSIDE WAY  
MANCHESTER, NH 03108**

**ADDRESS OF PRINCIPAL OFFICE:**

**ONE GARSIDE WAY  
MANCHESTER, NH 03108**

**REGISTERED AGENT AND OFFICE:**

**THOMFORDE, JAMES H  
1 GARSIDE WAY  
MANCHESTER, NH 03108**

ENTITY TYPE: CORPORATION  
BUSINESS ID: 498216  
STATE OF DOMICILE: NEW HAMPSHIRE

AVIATION SERVICES

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**

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

PRES. **James Thomforde**  
STREET **10 Newcastle Lane**  
CITY/STATE/ZIP **Bedford Nh 03110**  
SEC'Y. **Richard Osterberg**  
STREET **291 Lake Ave**  
CITY/STATE/ZIP **Newton Ma 02109**  
OTHE. **Maureen Ellen Dwyer**  
STREET **491 Mammoth Rd Unit 29**  
CITY/STATE/ZIP **Londonderry Nh 03053**  
TREAS. **PAUL M CHIESA**  
STREET **133 ADAMS RD**  
CITY/STATE/ZIP **CANDIA NH 03034**

**BOARD OF DIRECTORS**

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

DIR. **Steven Boulanger**  
STREET **10 Harrison Street**  
CITY/STATE/ZIP **Winchester Ma 01890**  
DIR. **David L Ladd**  
STREET **9 Amelia Way**  
CITY/STATE/ZIP **North Andover MA 01845**  
DIR. **Dexter Dodge**  
STREET **Two International Place, 14th Floor**  
CITY/STATE/ZIP **Boston Ma 02110**  
DIR. **Richard B Osterberg**  
STREET **84 State Street**  
CITY/STATE/ZIP **Boston Ma 02109**

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

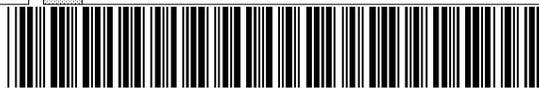
To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

**Sign here:** MAUREEN ELLEN DWYER

**Please print name and title of signer:** MAUREEN ELLEN DWYER / OTHER  
NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



049821620141008

**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:

### DIRECTOR

PATRICK DUFFY

1000 ELM STREET

MANCHESTER, NH 03105-0390

### DIRECTOR

RAYMOND J WIECZOREK

1060 RAY STREET

MANCHESTER, NH 03106-1620

### DIRECTOR

JAMES H THOMFORDE

10 NEWCASTLE LANE

BEDFORD, NH 03110