State of New Hampshire
2014 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, 2014

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

Filed
Date Filed: 03/13/2014
Business ID: 668252
William M. Gardner
Secretary of State

INTERSTATE WATER & WASTEWATER SPECIALISTS, LLC

18 GLANCE RD
WINDHAM, NH 03087

ENTITY TYPE: LLC
BUSINESS ID: 668252
STATE OF DOMICILE: NEW HAMPSHIRE

DESIGN/BUILD SERVICES RELATED TO WATER AND WATER INDUSTRY

1

ADDRESS OF PRINCIPAL OFFICE:
18 GLANCE RD
WINDHAM, NH 03087

REGISTERED AGENT AND OFFICE:
CHERVINCKY, MARK
18 GLANCE RD
WINDHAM, NH 03087

2

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.

3

MANAGERS — **A**

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

MANA. **Robert Michael Chervincky**
STREET **18 Glance Road**
CITY/STATE/ZIP **Windham NH 03087**
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

4

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: **Robert Michael Chervincky**

Please print name and title of signer: **Robert Michael Chervincky** / **MANAGER**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

066825220141007

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