# 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: 03/22/2014
Business ID: 601900
William M. Gardner
Secretary of State

B. D. LACRETA PLUMBING AND HEATING, LLC

**40 EAST ROAD**
**ATKINSON, NH 03811**

ENTITY TYPE: LLC
BUSINESS ID: 601900
STATE OF DOMICILE: NEW HAMPSHIRE

PLUMBING AND HEATING SERVICES

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**ADDRESS OF PRINCIPAL OFFICE:**
**40 EAST ROAD**
**ATKINSON, NH 03811**

**REGISTERED AGENT AND OFFICE:**
**LACRETA, BRUCE D**
**40 EAST ROAD**
**ATKINSON, NH 03811**

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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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**MANAGERS** — **A**

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

MANA. **Bruce David Lacreta**
STREET **40 East Road**
CITY/STATE/ZIP **Atkinson Nh 03811**
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:** **Bruce david Lacreta**

**Please print name and title of signer:** **Bruce david Lacreta** / **MANAGER**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

060190020141004

**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