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: 03/26/2014

Business ID: 607213

William M. Gardner

Secretary of State

EAST COAST SECURITY & FIRE, LLC

68 STILES ROAD SUITE C

SALEM, NH 03079

ENTITY TYPE: LLC

BUSINESS ID: 607213

STATE OF DOMICILE: NEW HAMPSHIRE

MONITOR, INSTALL AND SERVICE SECURITY AND FIRE ALARM SYSTEM

1

ADDRESS OF PRINCIPAL OFFICE:

68 STILES ROAD SUITE C

SALEM, NH 03079

REGISTERED AGENT AND OFFICE:

DUFOUR, MARK , SR

68 STILES ROAD SUITE C

SALEM, NH 03079

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. **Zdenek Kucera**
STREET **32 Parsonage Hill Rd**
CITY/STATE/ZIP **Haverhill Ma 01832**

MANA. **Mark Dufour, Sr**
STREET **6 Happy Hollow Rd**
CITY/STATE/ZIP **Danville Nh 03819**

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: **Mark Dufour, Sr**

Please print name and title of signer: **Mark Dufour, Sr** / **MANAGER**

NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

060721320141007

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