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: 03/28/2014
Business ID: 400342
William M. Gardner
Secretary of State

COLLEGIATE ENTREPRENEURS, INC.

220 FORBES ROAD STE 108
BRAINTREE, MA 02184

ENTITY TYPE: CORPORATION
BUSINESS ID: 400342
STATE OF DOMICILE: MASSACHUSETTS

RESIDENTIAL PAINTING SERVICES

1

ADDRESS OF PRINCIPAL OFFICE:
220 FORBES ROAD STE 108
BRAINTREE, MA 02184

REGISTERED AGENT AND OFFICE:
CREWS, ERIC
96 WINTERWOOD DRIVE
LONDONDERRY, NH 03053

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

OFFICERS

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

A

PRES. **Eric C Crews**
STREET **220 Forbes Road Ste 401**
CITY/STATE/ZIP **Braintree Ma 02184**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

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

B

DIR. **Eric C Crews**
STREET **220 Forbes Road Ste 401**
CITY/STATE/ZIP **Braintree Ma 02184**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

4

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: **Eric C Crews**

Please print name and title of signer: **Eric C Crews** / **PRESIDENT**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

040034220141001

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