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: 03/28/2014
Business ID: 644418
William M. Gardner
Secretary of State

TRW BUILDERS, LLC

54 POST ROAD
HOOKSETT, NH 03106

ENTITY TYPE: LLC
BUSINESS ID: 644418
STATE OF DOMICILE: NEW HAMPSHIRE

BUILDING AND REMODELING

1

ADDRESS OF PRINCIPAL OFFICE:
54 POST ROAD
HOOKSETT, NH 03106

REGISTERED AGENT AND OFFICE:
LAMPHERE, KEVIN M
54 POST ROAD
HOOKSETT, NH 03106

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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

NAME .....
STREET .....
CITY/STATE/ZIP _____
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

MEMB. **Kevin Lamphere**
STREET **54 Post Road**
CITY/STATE/ZIP **Hooksett Nh 03106**
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: **Kevin Lamphere**

Please print name and title of signer: **Kevin Lamphere** / **MEMBER**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

064441820141005

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