



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: 03/30/2014
Business ID: 663619
William M. Gardner
Secretary of State

7TH SETTLEMENT BREWERY, LLC
47 WASHINGTON STREET
DOVER, NH 03820

ADDRESS OF PRINCIPAL OFFICE:

47 WASHINGTON STREET
DOVER, NH 03820

REGISTERED AGENT AND OFFICE:

BOYNTON, DAVID
283 OLD GARRISON ROAD
DOVER, NH 03820

ENTITY TYPE: LLC
BUSINESS ID: 663619
STATE OF DOMICILE: NEW HAMPSHIRE

BREWING AND SELLING BEER, RESTAURANT

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.

MANAGERS

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MANA. **David Michael Boynton**
STREET **189 Central Ave Apt C**
CITY/STATE/ZIP **Dover Nh 03820**

MANA. **Joshua Michael Henry**
STREET **283 Old Garrison**
CITY/STATE/ZIP **Dover Nh 03820**

NAME _____
STREET _____
CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

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.

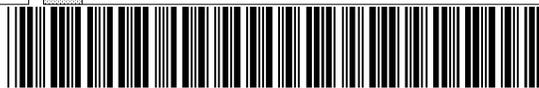
Sign here: **David Michael Boynton**

Please print name and title of signer: **David Michael Boynton** / **MANAGER**

NAME TITLE

FEE DUE: **\$100.00**

E-MAIL ADDRESS (OPTIONAL): _____



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**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