



State of New Hampshire 2014 ANNUAL REPORT

Filed
Date Filed: 03/31/2014
Business ID: 671294
William M. Gardner
Secretary of State

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.

Manchester Transportation Livery Services LTD.

960 Hayward St
Manchester, NH 03103

ADDRESS OF PRINCIPAL OFFICE:

960 Hayward St
Manchester, NH 03103

REGISTERED AGENT AND OFFICE:

Pierce, Steven Paul
960 Hayward St
Manchester, NH 03103

ENTITY TYPE: CORPORATION
BUSINESS ID: 671294
STATE OF DOMICILE: NEW HAMPSHIRE

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.

OFFICERS

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

A

NAME Steven P. Pierce
STREET 960 Hayward St
CITY/STATE/ZIP Manchester N.H.
NAME Thomas M. Pierce
STREET 670 Silver St
CITY/STATE/ZIP Manchester N.H.
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

NAME Steven Paul Pierce
STREET 960 Hayward St
CITY/STATE/ZIP Manchester N.H. 03103
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

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:

Please print name and title of signer:

Steven Paul Pierce
NAME

President
TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):

State of New Hampshire
Fee - Form 47 - (Corporations) 1 Page(s)

WHEN THIS FORM IS A
PUBLIC DOCUMENT A
REQUIRED INFORMATION



T1409035033

ILL BECOME A
C DISCLOSURE
WILL BE REJECTED

PLEASE CHECK TABLE 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