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: 04/01/2014
Business ID: 458489
William M. Gardner
Secretary of State

SAM MECHANICAL SERVICES, LLC

1181 HOOKSETT ROAD, 2ND FLOOR
HOOKSETT, NH 03106

ENTITY TYPE: LLC
BUSINESS ID: 458489
STATE OF DOMICILE: NEW HAMPSHIRE

MANAGE, CONSULT, INSTALL MECHANICAL, INDUSTRIAL, RESIDENTIAL EQUIPMENT APPLICATIONS

1

ADDRESS OF PRINCIPAL OFFICE:
1181 HOOKSETT ROAD, 2ND FLOOR
HOOKSETT, NH 03106

REGISTERED AGENT AND OFFICE:
APRIL, VALERIE A.
126 FOREST DR
AUBURN, NH 03032

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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

MANA. **Steven April**
STREET **126 Forest Drive**
CITY/STATE/ZIP **Auburn Nh 03032**

MANA. **Robert Camann**
STREET **15 Windsong Avenue**
CITY/STATE/ZIP **Manchester Nh 03104**

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. **Steven April**
STREET **126 Forest Drive**
CITY/STATE/ZIP **Auburn Nh 03032**

MEMB. **Valerie April**
STREET **126 Forest Drive**
CITY/STATE/ZIP **Auburn Nh 03032**

MEMB. **Robert Camann**
STREET **15 Windsong Avenue**
CITY/STATE/ZIP **Manchester Nh 03104**

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: **Dawn M Lemieux**

Please print name and title of signer: **Dawn M Lemieux** / **AUTHORIZED PARTY**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

045848920141006

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