State of New Hampshire
2013 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, 2013

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 04/01/2014
Business ID: 661690
William M. Gardner
Secretary of State

NORTH COUNTRY P.O.M., LLC

766 GOLD ST

MANCHESTER, NH 03103

ENTITY TYPE: LLC

BUSINESS ID: 661690

STATE OF DOMICILE: NEW HAMPSHIRE

SALE OF AUTOMMOTIVE SERVICE CONTRACTS

1

ADDRESS OF PRINCIPAL OFFICE:

766 GOLD ST

MANCHESTER, NH 03103

REGISTERED AGENT AND OFFICE:

GRIFFIN, DENNIS J

766 GOLD ST

MANCHESTER, NH 03103

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

MANAGERS

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

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

A

NAME .....

STREET .....

CITY/STATE/ZIP

NAME .....

STREET .....

CITY/STATE/ZIP

NAME .....

STREET .....

CITY/STATE/ZIP

NAME .....

STREET .....

CITY/STATE/ZIP

MEMBERS

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

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

B

MEMB. **Dennis J Griffin**

STREET **228 Old Springfield Rd**

CITY/STATE/ZIP **Sunapee Nh 03782**

MEMB. **Allen Busby**

STREET **366 Washington St**

CITY/STATE/ZIP **Claremont Nh 03743**

MEMB. **Arrien L.c. Schiltkamp**

STREET **366 Washington St**

CITY/STATE/ZIP **Claremont Nh 03743**

NAME .....

STREET .....

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

4

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: **Dennis J Griffin**

Please print name and title of signer: **Dennis J Griffin** / **MEMBER**

NAME TITLE

FEE DUE: **$150.00**

E-MAIL ADDRESS (OPTIONAL):

066169020131500

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