



State of New Hampshire 2014 ANNUAL REPORT

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.

Filed
Date Filed: 04/23/2014
Business ID: 614034
William M. Gardner
Secretary of State

SEA-HARE, INC.

191 FIELDSTONE DRIVE
LONDONDERRY, NH 03053

ADDRESS OF PRINCIPAL OFFICE:

191 FIELDSTONE DRIVE
LONDONDERRY, NH 03053

REGISTERED AGENT AND OFFICE:

OUELLETTE, LAURENCE
26 BARTLEY HILL ROAD
LONDONDERRY, NH 03053

ENTITY TYPE: CORPORATION

BUSINESS ID: 614034

STATE OF DOMICILE: NEW HAMPSHIRE

PACKAGE DELIVERY SERVICE

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)

OTHE. **Laurence Anthony Ouellette**
STREET **26 Bartley Hill Road**
CITY/STATE/ZIP **Londonderry Nh 03053**
PRES. **Kevin John Shay**
STREET **191 Fieldstone Drive**
CITY/STATE/ZIP **Londonderry Nh 03053**
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)

DIR. **Laurence Anthony Ouellette**
STREET **26 Bartley Hill Road**
CITY/STATE/ZIP **Londonderry Nh 03053**
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: **Kevin Shay**

Please print name and title of signer: **Kevin Shay** / **AUTHORIZED PARTY**
NAME TITLE

FEE DUE: **\$150.00**

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