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: 05/21/2014

Business ID: 407919

William M. Gardner

Secretary of State

MOONCUSSER COVE LLC

PO BOX 73

HAMPSTEAD, NH 03841

ENTITY TYPE: LLC

BUSINESS ID: 407919

STATE OF DOMICILE: NEW HAMPSHIRE

REAL AND PERSONAL PROPERTY

1

ADDRESS OF PRINCIPAL OFFICE:

21 NORTHWESTERN DRIVE

SALEM, NH 03079

REGISTERED AGENT AND OFFICE:

DENNESEN, JAMES J

21 NORTHWESTERN DR.

SALEM, NH 03079

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 — **A**

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

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

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. James J Dennesen
STREET 21 Northwestern Drive
CITY/STATE/ZIP Salem Nh 03079

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

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: **JAMES J DENNESEN**

Please print name and title of signer: **JAMES J DENNESEN** / **MEMBER**

NAME TITLE

FEE DUE: **$150.00**

E-MAIL ADDRESS (OPTIONAL):

040791920141503

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