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: 08/15/2014
Business ID: 693534
William M. Gardner
Secretary of State

VAPORIUM CORP.

31-930 13E AVENUE NORD, SHERBROOKE, QC J1E3J7 CAN

,

ENTITY TYPE: CORPORATION
BUSINESS ID: 693534
STATE OF DOMICILE: NEW HAMPSHIRE

ELECTRONIC CIGARETTES SALES AND E-LIQUID MANUFACTURING AND SALES

1

ADDRESS OF PRINCIPAL OFFICE:

31-930 13E AVENUE NORD, SHERBROOKE, QC J1E3J

,

REGISTERED AGENT AND OFFICE:

INCORP SERVICES, INC.

152 SOUTH MAST STREET

GOFFSTOWN, NH 03045

2

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

[X] The new mailing address **30 Bill Bromage Drive, Colebrook, NH 03576**

[X] The new principal office address **30 Bill Bromage Drive, , Colebrook, NH 03576**

PO Box is acceptable.

3

OFFICERS — **A**

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

PRES. **Sylvain Longpre**
STREET **c/o Vaporium Corp. 30 Bill Bromage Drive**
CITY/STATE/ZIP **Colebrook NH 03576**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS — **B**

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

DIR. **Sylvain Longpre**
STREET **c/o Vaporium Corp. 30 Bill Bromage Drive**
CITY/STATE/ZIP **Colebrook NH 03576**
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

4

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: **Sylvain Longpre**

Please print name and title of signer: **Sylvain Longpre** / **PRESIDENT**
NAME TITLE

FEE DUE: **$150.00**

E-MAIL ADDRESS (OPTIONAL):

069353420141503

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