



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: 08/28/2014
Business ID: 617991
William M. Gardner
Secretary of State

YANKEE TRAVELS, LLC

JUSTIN & REBEKKA JOSLIN, PO BOX 221
NEW HAMPTON, NH 03256

ADDRESS OF PRINCIPAL OFFICE:

70 MAIN STREET
NEW HAMPTON, NH 03256

REGISTERED AGENT AND OFFICE:

JORDAN, DAVID WILLIAM, ESQ
4 PARK STREET S405
CONCORD, NH 03301

ENTITY TYPE: LLC

BUSINESS ID: 617991

STATE OF DOMICILE: NEW HAMPSHIRE

ARRANGE AND CONDUCT TOURS

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 34 Dr Childs Rd, New Hampton, NH 03256

PO Box is acceptable.

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

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

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

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

B

MEMB. **Justin Joslin**

STREET **34 Dr Childs Rd**

CITY/STATE/ZIP **New Hampton NH 03256**

MEMB. **Rebekka Joslin**

STREET **34 Dr Childs Rd**

CITY/STATE/ZIP **New Hampton NH 03256**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

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: **Justin Joslin**

Please print name and title of signer: **Justin Joslin**

MEMBER

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