State of New Hampshire
2015 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, 2015

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

Filed
Date Filed: 01/01/2015
Business ID: 381026
William M. Gardner
Secretary of State

139 LOUDON ROAD ASSOCIATES, LLC

139 LOUDON ROAD, PO BOX 511
CONCORD, NH 03301

ENTITY TYPE: LLC
BUSINESS ID: 381026
STATE OF DOMICILE: NEW HAMPSHIRE

REAL ESTATE OWNER

1

ADDRESS OF PRINCIPAL OFFICE:
139 LOUDON ROAD
CONCORD, NH 03301

REGISTERED AGENT AND OFFICE:
D'AMANTE, RAYMOND P, ESQ
9 TRIANGLE PARK DRIVE
CONCORD, NH 03301

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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.

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MANAGERS — **A**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. **Daniel Church**
STREET **23 Tonga Drive**
CITY/STATE/ZIP **Bow Nh 03304**

MANA. **Gary Stevens**
STREET **26 Foxcross Circle**
CITY/STATE/ZIP **Concord Nh 03301**

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. **Mark A Douglas**
STREET **6 Surrey Coach Road**
CITY/STATE/ZIP **Bow Nh 03304**

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: **Daniel Church**

Please print name and title of signer: **Daniel Church** / **MANAGER**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

038102620151009

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