State of New Hampshire
2015 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, 2015
ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 01/02/2015
Business ID: 713262
William M. Gardner
Secretary of State

GOOD START PACKAGING, INC.

9 SURREY CT
MILFORD, NH 03055

ENTITY TYPE: CORPORATION
BUSINESS ID: 713262
STATE OF DOMICILE: NEW HAMPSHIRE

MARKET, SELL AND DISTRIBUTE ENVIRONMENTALLY-FRIENDLEY ALTERNATIVES TO DISPOSABLE PLASTIC CONTAINERS, PRIMARILY IN THE FOOD SERVICE INDUSTRY

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ADDRESS OF PRINCIPAL OFFICE:
9 SURREY COURT
MILFORD, NH 03055

REGISTERED AGENT AND OFFICE:
DAVID G. STURM, COUNSELORS AT LAW, PLLC
15 UNION STREET S3
MILFORD, NH 03055

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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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OFFICERS

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

A

PRES. **Kenneth Jacobus**
STREET **9 Surrey Court**
CITY/STATE/ZIP **Milford NH 03055**
TREAS. **Denise Jacobus**
STREET **9 Surrey Court**
CITY/STATE/ZIP **Milford NH 03055**
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)

B

DIR. **Kenneth Jacobus**
STREET **9 Surrey Court**
CITY/STATE/ZIP **Milford NH 03055**
DIR. **Denise Jacobus**
STREET **9 Surrey Court**
CITY/STATE/ZIP **Milford NH 03055**
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

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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: **Kenneth Jacobus**

Please print name and title of signer: **Kenneth Jacobus** / **PRESIDENT**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

071326220151000

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