



# 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: 01/05/2015  
Business ID: 618721  
William M. Gardner  
Secretary of State

RUMFORD ARMS, LLC  
23 MERRIMACK ST  
CONCORD, NH 03301

**ADDRESS OF PRINCIPAL OFFICE:**

23 MERRIMACK ST  
CONCORD, NH 03301

**REGISTERED AGENT AND OFFICE:**

LABOE, JOHN E, ESQ  
6 LOUDON ROAD S307  
CONCORD, NH 03301

ENTITY TYPE: LLC  
BUSINESS ID: 618721  
STATE OF DOMICILE: NEW HAMPSHIRE

REAL ESTATE HOLDING/MANAGEMENT COMPANY

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.

**MANAGERS**

**MEMBERS**

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

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

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MANA. **Richard J. Love**  
STREET **23 Merrimack St.**  
CITY/STATE/ZIP **Concord Nh 03301**  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

MEMB. **Richard J. Love**  
STREET **23 Merrimack St.**  
CITY/STATE/ZIP **Concord Nh 03301**  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

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: **Richard J. Love**

**Please print name and title of signer:** **Richard J. Love** / **AUTHORIZED PARTY**

NAME TITLE

FEE DUE: **\$100.00**

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