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: 01/05/2015
Business ID: 584191
William M. Gardner
Secretary of State

OCEAN SUBARU CORP.

P.O. BOX 10490
BEDFORD, NH 03110

ENTITY TYPE: CORPORATION
BUSINESS ID: 584191
STATE OF DOMICILE: NEW HAMPSHIRE

AUTO SALES & SERVICE

1

ADDRESS OF PRINCIPAL OFFICE:
203 LAFAYETTE RD
NORTH HAMPTON, NH 03862

REGISTERED AGENT AND OFFICE:
BERKOWITZ, TODD A
764 SECOND STREET
MANCHESTER, NH 03102

2

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.

3

OFFICERS

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

A

PRES. **Todd Berkowitz**
STREET **764 Second St**
CITY/STATE/ZIP **Manchester Nh 03102**
V-PRES. **Maureen Berkowitz**
STREET **764 Second St**
CITY/STATE/ZIP **Manchester Nh 03102**
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. **Todd Berkowitz**
STREET **764 Second St**
CITY/STATE/ZIP **Manchester Nh 03102**
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: **todd berkowitz**

Please print name and title of signer: **todd berkowitz** / **PRESIDENT**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

058419120151007

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