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: 01/12/2015
Business ID: 10132
William M. Gardner
Secretary of State

CARPARTS DISTRIBUTION CENTER, INC.

P.O. BOX 473
PLAISTOW, NH 03865-0473

ENTITY TYPE: CORPORATION
BUSINESS ID: 10132
STATE OF DOMICILE: NEW HAMPSHIRE

WAREHOUSE DISTRIBUTOR (1997 AR)

1

ADDRESS OF PRINCIPAL OFFICE:
95A PLAISTOW RD , PO BOX 473
PLAISTOW, NH 03865

REGISTERED AGENT AND OFFICE:
SELENA MACDONALD
95A PLAISTOW RD PO BOX 473
PLAISTOW, NH 03865

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 — A

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

PRES. Edward Cropper
STREET 95A Plaistow Road
CITY/STATE/ZIP Plaistow NH 03865

TREAS. Margaret Crouse
STREET 95A Plaistow Road
CITY/STATE/ZIP Plaistow NH 03865

V-PRES. Debra Spear
STREET 95A Plaistow Road
CITY/STATE/ZIP Plaistow NH 03865

NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS — B

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

DIR. Edward Cropper
STREET 95A Plaistow Road
CITY/STATE/ZIP Plaistow NH 03865

DIR. Margaret Crouse
STREET 95A Plaistow Road
CITY/STATE/ZIP Plaistow NH 03865

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: Edward Cropper

Please print name and title of signer: Edward Cropper / PRESIDENT
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

1013220151006

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