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: 01/13/2015

Business ID: 674477

William M. Gardner

Secretary of State

99 EDDY ROAD, LLC

1662 ELM ST

MANCHESTER, NH 03101

ENTITY TYPE: LLC

BUSINESS ID: 674477

STATE OF DOMICILE: NEW HAMPSHIRE

ACQUISITION, CONSTRUCTION, DEVELOPMENT, MANAGEMENT OF COMMERCIAL REAL ESTATE

1

ADDRESS OF PRINCIPAL OFFICE:

1662 ELM ST

MANCHESTER, NH 03101

REGISTERED AGENT AND OFFICE:

VISCARELLO, KENNETH A, ESQ

SHEEHAN, PHINNEY BASS & GREEN, 1000 ELM STR

MANCHESTER, NH 03101

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

MANAGERS

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

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT **A**

MANA. **Dick Anagnost**

STREET **1662 Elm Street**

CITY/STATE/ZIP **Manchester Nh 03101**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

MEMBERS

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

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS **B**

NAME

STREET

CITY/STATE/ZIP

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: **Dick Anagnost**

Please print name and title of signer: **Dick Anagnost** / **MANAGER**

NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

067447720151004

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