



# 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: 552071  
William M. Gardner  
Secretary of State

HOPE IT WORKS, LLC

**34 ROGERS RUN  
BARRINGTON, NH 03825**

**ADDRESS OF PRINCIPAL OFFICE:**

**34 ROGERS RUN  
BARRINGTON, NH 03825**

**REGISTERED AGENT AND OFFICE:**

**GOULD, BRYAN K  
2 DELTA DRIVE S301  
CONCORD, NH 03301**

ENTITY TYPE: LLC

BUSINESS ID: 552071

STATE OF DOMICILE: NEW HAMPSHIRE

BUSINESS INVESTMENTS AND OTHER LAWFUL PURPOSES

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**

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

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

**A**

MANA. **Angela Blaisdell**  
STREET **34 Rogers Run**  
CITY/STATE/ZIP **Barrington Nh 03825**

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

**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 .....

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: **ANGELA BLAISDELL**

**Please print name and title of signer:** **ANGELA BLAISDELL** / **MANAGER**

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