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: 324493
William M. Gardner
Secretary of State

111 MAIN, LLC

111 RT 125
KINGSTON, NH 03848

ENTITY TYPE: LLC
BUSINESS ID: 324493
STATE OF DOMICILE: NEW HAMPSHIRE

HOUSING OF BUSINESS

1

ADDRESS OF PRINCIPAL OFFICE:
111 RT 125
KINGSTON, NH 03848

REGISTERED AGENT AND OFFICE:
WRIGHT, CAROL A
111 ROUTE 125
KINGSTON, NH 03848

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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.

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MANAGERS — **A**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. **Carol A Wright**
STREET **111 Rte 125**
CITY/STATE/ZIP **Kingston Nh 03848**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

MEMBERS — **B**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. **Jesse Lynn Wright**
STREET **111 Rte 125**
CITY/STATE/ZIP **Kingston Nh 03848**
MEMB. **Carol Ann Wright**
STREET **111 Route 125**
CITY/STATE/ZIP **Kingston Nh 03848**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

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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: **Carol A Wright**

Please print name and title of signer: **Carol A Wright** / **MANAGER**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

032449320151004

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