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: 01/14/2015
Business ID: 456878
William M. Gardner
Secretary of State

SK PROPERTIES, INC.

PO BOX 250
NEW IPSWICH, NH 03071

ENTITY TYPE: CORPORATION
BUSINESS ID: 456878
STATE OF DOMICILE: NEW HAMPSHIRE

REAL EST ALL PHASES

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ADDRESS OF PRINCIPAL OFFICE:
PO BOX 250
NEW IPSWICH, NH 03071

REGISTERED AGENT AND OFFICE:
CROCKER, JEFFREY R, ESQ
47 MAIN STREET
JAFFREY, NH 03452

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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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OFFICERS

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

A

PRES. **Steven E Krook**
STREET **30 Tricnit Road**
CITY/STATE/ZIP **New Ipswich Nh 03071**
TREAS. **Steven E Krook**
STREET **30 Tricnit Road**
CITY/STATE/ZIP **New Ipswich Nh 03071**
SEC'Y. **Jeffrey R. Crocker**
STREET **47 Main Street**
CITY/STATE/ZIP **Jaffrey Nh 03452**
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. **Steven E Krook**
STREET **30 Tricnit Road**
CITY/STATE/ZIP **New Ipswich Nh 03071**
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

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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: **Steven E Krook**

Please print name and title of signer: **Steven E Krook** / **PRESIDENT**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

045687820151007

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