



# 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: 01/15/2015  
Business ID: 690952  
William M. Gardner  
Secretary of State

ALIBO MEDITERRANO, LLC  
**24 HENNIKER ST  
HILLSBOROUGH, NH 03244**

**ADDRESS OF PRINCIPAL OFFICE:**

**24 HENNIKER ST  
HILLSBOROUGH, NH 03244**

**REGISTERED AGENT AND OFFICE:**

**KALEM, ALI JOHN  
24 HENNIKER STREET  
HILLSBOROUGH, NH 03244**

ENTITY TYPE: LLC  
BUSINESS ID: 690952  
STATE OF DOMICILE: NEW HAMPSHIRE

RESTAURANT

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

MANA. **Ali John Kalem**  
STREET **24 Henniker Street**  
CITY/STATE/ZIP **Hillsborough Nh 03244**

MANA. **Ibrahim Bilgin**  
STREET **24 Henniker Str**  
CITY/STATE/ZIP **Hillsborough Nh 03244**

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

MEMB. **Ali John Kalem**  
STREET **24 Henniker Street**  
CITY/STATE/ZIP **Hillsborough Nh 03244**

MEMB. **Ibrahim Bilgin**  
STREET **24 Henniker Str**  
CITY/STATE/ZIP **Hillsborough Nh 03244**

NAME .....

STREET .....

CITY/STATE/ZIP .....

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: **Ali John Kalem**

Please print name and title of signer: **Ali John Kalem**

NAME

/

**MEMBER**

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