



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: 01/16/2015
Business ID: 689891
William M. Gardner
Secretary of State

THE MICHAEL BATES GROUP, LLC

354 NORTH BROADWAY
SALEM, NH 03079

ADDRESS OF PRINCIPAL OFFICE:

354 NORTH BROADWAY
SALEM, NH 03079

REGISTERED AGENT AND OFFICE:

BATES, MICHAEL T
8 LEONARD LANE
SALEM, NH 03079

ENTITY TYPE: LLC

BUSINESS ID: 689891

STATE OF DOMICILE: NEW HAMPSHIRE

CONSULTING-MERGERS, BUSINESS OPPORTUNITIES,
ENTERTAINMENT SERVICES, PRODUCTION SERVICES, TRADING,
IMPORT/EXPORT, REAL ESTATE

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address **8 Leonard lane, salem, NH 03079**

The new principal office address **8 Leonard lane, salem, NH 03079**

PO Box is acceptable.

MANAGERS

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

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

SEC'Y. **William Lane**
STREET **4 Renee Rd**
CITY/STATE/ZIP **Wakefield MA 01880**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

A

MEMBERS

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

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. **Michael Bates**
STREET **8 Leonard Lane**
CITY/STATE/ZIP **Salem NH 03079**
MEMB. **Christine Bates**
STREET **8 Leonard lane**
CITY/STATE/ZIP **salem NH 03079**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

B

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

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: **michael Bates**

Please print name and title of signer: **michael Bates** / **MEMBER**

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



068989120151000

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