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: 01/20/2015
Business ID: 189951
William M. Gardner
Secretary of State

LEET & ASSOCIATES, INC.

15 WINDSURFER LANE
SPOFFORD, NH 03462

ENTITY TYPE: CORPORATION
BUSINESS ID: 189951
STATE OF DOMICILE: NEW HAMPSHIRE

INDEPENDENT SALES REPRESENTATIVE; ETC.

1

ADDRESS OF PRINCIPAL OFFICE:
15 WINDSURFER LANE
SPOFFORD, NH 03462

REGISTERED AGENT AND OFFICE:
LEET, DAVID P.
15 WINDSURFER LANE
SPOFFORD, NH 03462

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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 — **A**

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

PRES. David P Leet
STREET 15 Windsurfer Lane
CITY/STATE/ZIP Spofford Nh 03462
V-PRES. Kelly S Leet
STREET 4 Mastin Dr
CITY/STATE/ZIP Newmarket Nh 03857
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS — **B**

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

DIR. David P Leet
STREET 15 Windsurfer Lane
CITY/STATE/ZIP Spofford Nh 03462
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: David P. Leet

Please print name and title of signer: David P. Leet / PRESIDENT
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

018995120151002

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