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: 02/06/2015
Business ID: 222078
William M. Gardner
Secretary of State

NORTHERN NEW ENGLAND REAL ESTATE NETWORK, INC.

45 CONSTITUTION AVE.,
CONCORD, NH 03301

ENTITY TYPE: CORPORATION
BUSINESS ID: 222078
STATE OF DOMICILE: NEW HAMPSHIRE

INFORMATION SERVICES PROVIDER

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ADDRESS OF PRINCIPAL OFFICE:
45 CONSTITUTION AVENUE S200
CONCORD, NH 03301

REGISTERED AGENT AND OFFICE:
RYAN, JOSEPH F
45 CONSTITUTION AVENUE
CONCORD, NH 03301

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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)

V-PRES. **Bev Brooks**
STREET **45 Constitution Avenue, Suite 200**
CITY/STATE/ZIP **Concord NH 03301**

PRES. **William Berry**
STREET **45 Constitution Avenue, Suite 200**
CITY/STATE/ZIP **Concord NH 03301**

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. **Bev Brooks**
STREET **45 Constitution Avenue, Suite 200**
CITY/STATE/ZIP **Concord NH 03301**

DIR. **William Berry**
STREET **45 Constitution Avenue, Suite 200**
CITY/STATE/ZIP **Concord NH 03301**

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: **Joseph Ryan**

Please print name and title of signer: **Joseph Ryan** / **AUTHORIZED PARTY**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

022207820151000

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