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: 02/13/2015
Business ID: 47090
William M. Gardner
Secretary of State

KEATING PLUMBING & HEATING, INC.

PO BOX 426
MARLBOROUGH, NH 03455

ENTITY TYPE: CORPORATION
BUSINESS ID: 47090
STATE OF DOMICILE: NEW HAMPSHIRE

INSTALLING PLUMBING AND HEATING AND AIR CONDITIONING

1

ADDRESS OF PRINCIPAL OFFICE:
235 WEBB DEPOT RD
MARLBOROUGH, NH 03455

REGISTERED AGENT AND OFFICE:
BENTLEY, MICHAEL P, ESQ
106 WASHINGTON STREET
KEENE, NH 03431

2

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 **241 WEBB DEPOT RD, Marlborough, NH 03455**

PO Box is acceptable.

3

A — OFFICERS

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

PRES. **Michael R Keating**
STREET **235 Webb Depot Road**
CITY/STATE/ZIP **Marlborough Nh 03455**

V-PRES. **Lynne B Keating**
STREET **235 Webb Depot Road**
CITY/STATE/ZIP **Marlborough Nh 03455**

TREAS. **Lynne B Keating**
STREET **235 Webb Depot Road**
CITY/STATE/ZIP **Marlborough Nh 03455**

V-PRES. **Patrick W Keating**
STREET **235 Webb Depot Road**
CITY/STATE/ZIP **Marlborough Nh 03455**

B — BOARD OF DIRECTORS

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

DIR. **Michael R Keating**
STREET **235 Webb Depot Road**
CITY/STATE/ZIP **Marlborough Nh 03455**

DIR. **Lynne B Keating**
STREET **235 Webb Depot Road**
CITY/STATE/ZIP **Marlborough Nh 03455**

DIR. **Patrick W Keating**
STREET **235 Webb Depot Road**
CITY/STATE/ZIP **Marlborough Nh 03455**

NAME .....
STREET .....
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

4

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: **Lynne B Keating**

Please print name and title of signer: **Lynne B Keating** / **VICE PRESIDENT**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

4709020151009

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