



State of New Hampshire 2014 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, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 02/19/2015
Business ID: 584297
William M. Gardner
Secretary of State

NINI BAMBINI, LLC

166 SOUTH RIVER ROAD, SUITE 100
BEDFORD, NH 03110

ADDRESS OF PRINCIPAL OFFICE:
166 SOUTH RIVER ROAD, SUITE 100
BEDFORD, NH 03110

REGISTERED AGENT AND OFFICE:
CULLEN, NINA WEBB
190 JOHNSON CORNER ROAD
LYNDEBOROUGH, NH 03082

ENTITY TYPE: LLC
BUSINESS ID: 584297
STATE OF DOMICILE: NEW HAMPSHIRE

EDUCATION AND RETAIL FOR PREGNANT WOMEN AND FAMILIES

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

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MANA. **Nina Webb Cullen**
STREET **166 South River Rd., Suite 100**
CITY/STATE/ZIP **Bedford Nh 03110**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

MEMB. **Nina Webb Cullen**
STREET **166 South River Rd., Suite 100**
CITY/STATE/ZIP **Bedford Nh 03110**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

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: Nina Webb Cullen

Please print name and title of signer: Nina Webb Cullen / MEMBER
NAME TITLE

FEE DUE: **\$150.00**

E-MAIL ADDRESS (OPTIONAL): _____



058429720141508

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