



State of New Hampshire 2015 ANNUAL REPORT

The following information shall be given as of January 1
preceding 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: 02/20/2015
Business ID: 531280
William M. Gardner
Secretary of State

SNYDER, CAHOON & CO., P.L.L.C.

80 S MAIN STREET
HANOVER, NH 03755

ADDRESS OF PRINCIPAL OFFICE:

80 S MAIN STREET
HANOVER, NH 03755

REGISTERED AGENT AND OFFICE:

CAHOON, MICHAEL L
80 S MAIN STREET S202
HANOVER, NH 03755

ENTITY TYPE: PROFESSIONAL LLC

BUSINESS ID: 531280

STATE OF DOMICILE: NEW HAMPSHIRE

RENDER PROFESSIONAL ACCOUNTING SERVICES

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

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

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

A

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

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

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

B

MEMB. **Michael L Cahoon**

STREET **80 South Main Street, Suite 202**

CITY/STATE/ZIP **Hanover Nh 03755**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by the manager, if no manager, must be signed by a member for the entity type of a PLLC.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.
All the members and managers are qualified persons with respect to the professional limited liability company.

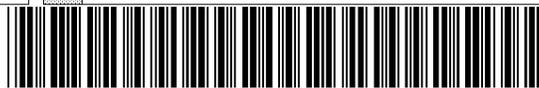
Sign here: **Michael L Cahoon**

Please print name and title of signer: **Michael L Cahoon** / **MEMBER**

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



053128020151008

**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