# 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: 02/23/2015**

**Business ID: 197687**

**William M. Gardner**

**Secretary of State**

AUTOFAIR MANAGEMENT CORPORATION III

**ATTN: DAVID HAMEL, 1477 SOUTH WILLOW STREET**

**MANCHESTER, NH 03103**

ENTITY TYPE: CORPORATION

BUSINESS ID: 197687

STATE OF DOMICILE: DELAWARE

PROVIDE MANAGEMENT SERVICES.

1

**ADDRESS OF PRINCIPAL OFFICE:**

**1477 SOUTH WILLOW STREET**

**MANCHESTER, NH 03103**

**REGISTERED AGENT AND OFFICE:**

**AUTOFAIR INC.**

**1477 S WILLOW STREET**

**MANCHESTER, NH 03103**

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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.**

3

**OFFICERS**

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

**(MUST LIST AT LEAST ONE OFFICER BELOW)**

**A**

TREAS. **David Hamel**

STREET **1477 South Willow Street**

CITY/STATE/ZIP **Manchester Nh 03103**

NAME .....

STREET .....

CITY/STATE/ZIP

NAME .....

STREET .....

CITY/STATE/ZIP

NAME .....

STREET .....

CITY/STATE/ZIP

**BOARD OF DIRECTORS**

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

**(MUST LIST AT LEAST ONE DIRECTOR BELOW)**

**B**

DIR. **Walter Wick**

STREET **11 East 94th St., Suite 1**

CITY/STATE/ZIP **New York Ny 10128**

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

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:** **David Hamel**

**Please print name and title of signer:** **David Hamel** / **TREASURER**

NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

019768720151007

**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