



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: 02/24/2015
Business ID: 47986
William M. Gardner
Secretary of State

BAVARIAN AUTO SERVICE, INC.
275 CONSTITUTION AVENUE
PORTSMOUTH, NH 03801

ADDRESS OF PRINCIPAL OFFICE:

275 CONSTITUTION AVENUE
PORTSMOUTH, NH 03801

REGISTERED AGENT AND OFFICE:

SCHWARZ, DANIEL P
100 INTERNATIONAL DRIVE S363
PORTSMOUTH, NH 03801

ENTITY TYPE: CORPORATION

BUSINESS ID: 47986

STATE OF DOMICILE: NEW HAMPSHIRE

SALES OF AUTOMOBILE PARTS

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.

OFFICERS

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

PRES. **David Wason**
STREET **275 Constitution Avenue**
CITY/STATE/ZIP **Portsmouth Nh 03801**
TREAS. **Mark Ruddy**
STREET **275 Constitution Avenue**
CITY/STATE/ZIP **Portsmouth Nh 03801**
V-PRES. **Peter Robart**
STREET **275 Constitution Avenue**
CITY/STATE/ZIP **Portsmouth Nh 03801**
NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

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

DIR. **Peter Robart**
STREET **275 Constitution Avenue**
CITY/STATE/ZIP **Portsmouth Nh 03801**
DIR. **Mark Ruddy**
STREET **275 Constitution Avenue**
CITY/STATE/ZIP **Portsmouth Nh 03801**
DIR. **David Wason**
STREET **275 Constitution Avenue**
CITY/STATE/ZIP **Portsmouth Nh 03801**
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

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: **Mark Stevens**

Please print name and title of signer: **Mark Stevens** / **AUTHORIZED PARTY**
NAME TITLE

FEE DUE: **\$100.00**

E-MAIL ADDRESS (OPTIONAL): _____



4798620151003

**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