



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: 593665
William M. Gardner
Secretary of State

NEW RIVER ELECTRICAL CORPORATION

15 CLOVERDALE PLACE
CLOVERDALE, VA 24077

ADDRESS OF PRINCIPAL OFFICE:

15 CLOVERDALE PLACE
CLOVERDALE, VA 24077

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM
9 CAPITOL STREET
CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 593665

STATE OF DOMICILE: VIRGINIA

Electrical Contractor

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)

V-PRES. **Robert B Arritt Jr**
STREET **15 Cloverdale Place**
CITY/STATE/ZIP **Cloverdale VA 24077**
TREAS. **Robert B Arritt Jr**
STREET **15 Cloverdale Place**
CITY/STATE/ZIP **Cloverdale VA 24077**
SEC'Y. **Robert B Arritt Jr**
STREET **15 Cloverdale Place**
CITY/STATE/ZIP **Cloverdale VA 24077**
V-PRES. **Terry M Garrett**
STREET **15 Cloverdale Place**
CITY/STATE/ZIP **Cloverdale VA 24077**

BOARD OF DIRECTORS

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

DIR. **Robert B Arritt Jr**
STREET **15 Cloverdale Place**
CITY/STATE/ZIP **Cloverdale VA 24077**
DIR. **Terry M Garrett**
STREET **15 Cloverdale Place**
CITY/STATE/ZIP **Cloverdale VA 24077**
DIR. **Johnny E Lanning**
STREET **15 Cloverdale Place**
CITY/STATE/ZIP **Cloverdale VA 24077**
DIR. **Jeffrey B Leonard**
STREET **15 Cloverdale Place**
CITY/STATE/ZIP **Cloverdale VA 24077**

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: **Michelle Donato**

Please print name and title of signer: **Michelle Donato** / **AUTHORIZED PARTY**

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): _____



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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

2015 ANNUAL REPORT

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS:

VICE PRESIDENT

JOHNNY E LANNING
15 CLOVERDALE PLACE,
CLOVERDALE, VA 24077

VICE PRESIDENT

JEFFREY B LEONARD
15 CLOVERDALE PLACE,
CLOVERDALE, VA 24077

VICE PRESIDENT

BARRY S MURRAY
15 CLOVERDALE PLACE,
CLOVERDALE, VA 24077

DIRECTOR

BARRY S MURRAY
15 CLOVERDALE PLACE,
CLOVERDALE, VA 24077

VICE PRESIDENT

JOHN F NEY
15 CLOVERDALE PLACE,
CLOVERDALE, VA 24077

DIRECTOR

JOHN F NEY
15 CLOVERDALE PLACE,
CLOVERDALE, VA 24077

VICE PRESIDENT

MATTHEW I. POE
15 CLOVERDALE PLACE,
CLOVERDALE, VA 24077

VICE PRESIDENT

CHRISTOPHER J. WHITELY
15 CLOVERDALE PLACE,
CLOVERDALE, VA 24077

PRESIDENT

THOMAS WOLDEN
15 CLOVERDALE PLACE,
CLOVERDALE, VA 24077

DIRECTOR

THOMAS WOLDEN
15 CLOVERDALE PLACE,
CLOVERDALE, VA 24077