State of New Hampshire
2015 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, 2015

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

Filed
Date Filed: 02/25/2015
Business ID: 679379
William M. Gardner
Secretary of State

JB & TA ENTERPRISES, L.L.C.

PO BOX 577
WEST OSSIPEE, NH 03890

ENTITY TYPE: LLC
BUSINESS ID: 679379
STATE OF DOMICILE: NEW HAMPSHIRE

REAL ESTATE

1

ADDRESS OF PRINCIPAL OFFICE:
110 NICHOLS ROAD
WEST OSSIPEE, NH 03890

REGISTERED AGENT AND OFFICE:
AVERSA, ANTHONY J
BROWNS RIDGE RD, RR 2 BOX 415H
OSSIPEE, NH 03864

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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.

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MANAGERS — **A**

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

MANA. Anthony J. Aversa
STREET Browns Ridge Road Rr2 Box 415h
CITY/STATE/ZIP Ossip3e3e Nh 03864

MANA. Joan Brassill
STREET PO Box 577
CITY/STATE/ZIP West Ossipee NH 03890

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

MEMBERS — **B**

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

MEMB. Anthony J. Aversa
STREET Browns Ridge Road Rr2 Box 415h
CITY/STATE/ZIP Ossip3e3e Nh 03864

MEMB. Joan Brassill
STREET PO Box 577
CITY/STATE/ZIP West Ossipee NH 03890

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

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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: Joan Brassill

Please print name and title of signer: Joan Brassill / MANAGER
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

067937920151000

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