



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: 03/11/2015
Business ID: 6186
William M. Gardner
Secretary of State

ASSOCIATED GROCERS OF NEW ENGLAND, INC.

11 COOPERATIVE WAY
PEMBROKE, NH 03275

ADDRESS OF PRINCIPAL OFFICE:

11 COOPERATIVE WAY
PEMBROKE, NH 03275

REGISTERED AGENT AND OFFICE:

GAYMAN, BENJAMIN F, ESQ
111 AMHERST STREET
MANCHESTER, NH 03101

ENTITY TYPE: CORPORATION

BUSINESS ID: 6186

STATE OF DOMICILE: NEW HAMPSHIRE

WHOLESALE GROCERY DISTRIBUTION('99AR)

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. **Michael C Bourgoine**
STREET **11 Cooperative Way**
CITY/STATE/ZIP **Pembroke Nh 03275**
SEC'Y. **Benjamin F Gayman**
STREET **Devine Millimet**
111 Amherst St
CITY/STATE/ZIP **Manchester Nh 03101**
TREAS. **Steven N Murphy**
STREET **11 Cooperative Way**
CITY/STATE/ZIP **Pembroke Nh 03275**
NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

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

DIR. **Thomas Bradbury**
STREET **11 Cooperative Way**
CITY/STATE/ZIP **Pembroke Nh 03275**
DIR. **Peter Davenport**
STREET **58 Fairview Ave**
CITY/STATE/ZIP **Henniker Nh 03242**
DIR. **James Crosby**
STREET **6 Bruce Rd**
CITY/STATE/ZIP **Danvers Ma 01923**
DIR. **Donald Tranten**
STREET **58 Cedar St**
CITY/STATE/ZIP **Kingfield Me 04947**

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: **Michael C Bourgoine**

Please print name and title of signer: **Michael C Bourgoine** / **PRESIDENT**

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): _____



618620151000

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:

DIRECTOR

TERRY APPLEBY
22 TRUMBULL LANE
NORWICH, VT 05055

DIRECTOR

NORMAN TURCOTTE
25 STRAW DR
BEDFORD, NH 03110

DIRECTOR

PHILIP TUCKER
29 ALDRICH LANE
NO HAVERHILL, NH 03774

DIRECTOR

SAM F ADAMS
PO BOX 124
GRANITEVILLE, VT 05654

DIRECTOR

MICHAEL DALEY
1 GREEN HILL ROAD
CANAAN, VT 05903

DIRECTOR

LAWRENCE C THIBAUT
200 EAST ST
ORLEANS, VT 05860

DIRECTOR

SUSAN WOODS
301 WHITFORD ST
MANCHESTER, NH 03104

DIRECTOR

MICHAEL COMEAU
3 TWIN MEADOWS LANE
JERICHO, VT 05465

DIRECTOR

THOMAS RATH
120 FRANKLIN ST
CONCORD, NH 03301