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: 03/14/2015
Business ID: 607340
William M. Gardner
Secretary of State

ASCUTNEY AIR, LLC

PO BOX 157
CLAREMONT, NH 03743

ENTITY TYPE: LLC
BUSINESS ID: 607340
STATE OF DOMICILE: NEW HAMPSHIRE

AIRCRAFT REPAIR AND INSPECTION, FLIGHT INSTRUCTION, BUY/SELL AIRCRAFT.

1

ADDRESS OF PRINCIPAL OFFICE:
448 SULLIVAN STREET UNIT 3
CLAREMONT, NH 03743

REGISTERED AGENT AND OFFICE:
KEEN, STEPHEN
448 SULLIVAN ST, CLAREMONT NH AIRPORT
CLAREMONT, NH 03743

2

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

MANAGERS — **A**

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

NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
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. Stephen Keen
STREET 448 Sullivan St., Unit 3
CITY/STATE/ZIP Claremont Nh 03743
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

4

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: **Stephen Keen**

Please print name and title of signer: **Stephen Keen** / **MEMBER**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

060734020151009

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