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: 03/17/2015
Business ID: 576871
William M. Gardner
Secretary of State

ALLEVIARE, LLC

PO BOX 2586
CONCORD, NH 03302-2586

ENTITY TYPE: LLC
BUSINESS ID: 576871
STATE OF DOMICILE: NEW HAMPSHIRE

SELL OR BROKER INSURANCE PRODUCTS FOR ALL TYPES OF INSURANCE

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ADDRESS OF PRINCIPAL OFFICE:
ONE EAGLE SQUARE, SUITE 504
CONCORD, NH 03301

REGISTERED AGENT AND OFFICE:
GALLAGHER, CALLAHAN & GARTRELL, P.C.
214 N MAIN STREET
CONCORD, NH 03301

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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)		MEMBERS (B)	
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). **LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT**		NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). **MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS**	
MANA.	Christiana L Thornton	NAME	
STREET	One Eagle Square, Suite 504	STREET	
CITY/STATE/ZIP	Concord Nh 03301	CITY/STATE/ZIP	
NAME		NAME	
STREET		STREET	
CITY/STATE/ZIP		CITY/STATE/ZIP	
NAME		NAME	
STREET		STREET	
CITY/STATE/ZIP		CITY/STATE/ZIP	
NAME		NAME	
STREET		STREET	
CITY/STATE/ZIP		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: Sandra Tracy

Please print name and title of signer: Sandra Tracy / AUTHORIZED PARTY

NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

057687120151003

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