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: 03/17/2015

Business ID: 6688

William M. Gardner

Secretary of State

BERNIER CORP.

16 KINGSTON ROAD U7

EXETER, NH 03833

ENTITY TYPE: CORPORATION

BUSINESS ID: 6688

STATE OF DOMICILE: NEW HAMPSHIRE

GENERAL BUILDING CONTRACTOR

1

ADDRESS OF PRINCIPAL OFFICE:

16 KINGSTON ROAD U7

EXETER, NH 03833

REGISTERED AGENT AND OFFICE:

RUSSMAN, RYAN L, ATTY

14 CENTRE STREET

EXETER, NH 03833

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

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

A

PRES. **John C. Bernier**
STREET **16 Kingston Road Unit 7**
CITY/STATE/ZIP **Exeter Nh 03833**

SEC'Y. **Julie B. McCown**
STREET **16 Kingston Road Unit 7**
CITY/STATE/ZIP **Exeter Nh 03833**

TREAS. **Jane S. Bernier**
STREET **16 Kingston Road Unit 7**
CITY/STATE/ZIP **Exeter Nh 03833**

NAME .....
STREET .....
CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

B

DIR. **John C. Bernier**
STREET **16 Kingston Road Unit 7**
CITY/STATE/ZIP **Exeter Nh 03833**

NAME .....
STREET .....
CITY/STATE/ZIP

NAME .....
STREET .....
CITY/STATE/ZIP

NAME .....
STREET .....
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

4

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: **John C. Bernier**

Please print name and title of signer: **John C. Bernier** / **PRESIDENT**

NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

668820151007

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