



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: 03/18/2015

Business ID: 362913

William M. Gardner

Secretary of State

FIRE PRODUCTS GP HOLDING, LLC

9 ROSZEL ROAD
PRINCETON, NJ 08540

ADDRESS OF PRINCIPAL OFFICE:

9 ROSZEL ROAD
PRINCETON, NJ 08540

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM
9 CAPITOL ST
CONCORD, NH 03301

ENTITY TYPE: LLC

BUSINESS ID: 362913

STATE OF DOMICILE: DELAWARE

HOLDING COMPANY

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.

MANAGERS

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

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. **Joseph Braun**
STREET **9 Roszel Road**
CITY/STATE/ZIP **Princeton NJ 08540**

MANA. **Robert P. Cerutti**
STREET **9 Roszel Road**
CITY/STATE/ZIP **Princeton NJ 08540**

MANA. **Kevin J Coen**
STREET **9 Roszel Road**
CITY/STATE/ZIP **Princeton NJ 08540**

NAME _____
STREET _____
CITY/STATE/ZIP _____

MEMBERS

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

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME _____
STREET _____
CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

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: **Mandeline Hendricks**

Please print name and title of signer: **Mandeline Hendricks** / **AUTHORIZED PARTY**

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): _____



036291320151003

**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