State of New Hampshire
2015 NON PROFIT REPORT

Filed
Date Filed: 12/17/2015
Business ID: 121376
William M. Gardner
Secretary of State

REPORT DUE BY December 31, 2015

RESORT WASTE SERVICES CORPORATION

210 Mt Washington Hotel Rd

Bretton Woods, NH 03575

ENTITY TYPE: NONPROFIT

BUSINESS ID: 121376

STATE OF DOMICILE: NEW HAMPSHIRE

OWNING AND OPERATING A SEWAGE TREATMENT FACILITY FOR NOT-FOR-PROFIT PURPOSES

1

ADDRESS OF PRINCIPAL OFFICE:

210 Mt Washington Hotel Rd

Bretton Woods, NH 03575

REGISTERED AGENT AND OFFICE: (foreign only)

2

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

[X] The new mailing address 310 mt. Washington Hotel Rd. Bretton Woods, NH 03575

[ ] The new principal office address

PO Box is acceptable.

3

OFFICERS

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

(MUST LIST AT LEAST ONE OFFICER BELOW) **A**

NAME Thomas Ewing
STREET 310 mt Washington Hotel Rd
CITY/STATE/ZIP Bretton Woods NH 03575

NAME Taylor Guerin
STREET 310 mt Washington Hotel Rd
CITY/STATE/ZIP Bretton Woods NH 03575

NAME Cecilia Bergeron-Allen
STREET 310 mt Washinton Hotel Rd
CITY/STATE/ZIP Bretton Woods NH 03575

NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

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

(MUST LIST AT LEAST ONE DIRECTOR BELOW) **B**

NAME Terry Penner
STREET 310 mt Washington Hotel Rd
CITY/STATE/ZIP Bretton Woods NH 03575

NAME Chris Ellms
STREET 310 mt Washington Hotel Rd
CITY/STATE/ZIP Bretton Woods NH 03575

NAME George Carey
STREET 310 Mt. Washington Hotel Rd
CITY/STATE/ZIP Bretton Woods, NH 03575

NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

4

To be signed by president or other officer.

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: Thomas Ewing

Please print name and title of signer: THOMAS J. EWING, PRES.

NAME TITLE

FEE DUE: **$25.00**

E-MAIL ADDRESS (OPTIONAL):

State of New Hampshire
Fee - Nonprofit Returns (every 5 years) 1 Page(s)

WHEN THIS FORM WILL BECOME A PUBLIC DOCUMENT. PUBLIC DISCLOSURE REQUIRED INFORMATION WILL BE REJECTED

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RETURN COMPLETED REPORT AND PAYMENT TO:

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