



State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1
preceding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004,
WILL BE ASSESSED A \$50.00 LATE FEE.

Filed
Effective Date: 03/28/2004
Business ID: 444749
William M. Gardner
Secretary of State
200408890043

ELETE WATERPROOFING, LLC

55 HEMLOCK DR, PO BOX 164
FITZWILLIAM, NH 03447

ADDRESS OF PRINCIPAL OFFICE:

55 HEMLOCK DR, PO BOX 164
FITZWILLIAM, NH 03447

REGISTERED AGENT AND OFFICE:

RAND S BURNETT
50 WASHINGTON ST, PO BOX 666
KEENE, NH 03431

ENTITY TYPE: LLC
BUSINESS ID: 444749
STATE OF DOMICILE: NEW HAMPSHIRE
FEDERAL ID:

WATERPROOFING TRETM OF FOUNDATIONS & OTHER STRUCTURES

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

MEMBERS

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

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

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

SEC'Y **JANE MAYER**
STREET **P.O. BOX 164**
55 HEMLOCK DRIVE
CITY/STATE/ZIP **FITZWILLIAM, NH 03447**
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____

NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
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: **JANE MAYER**

Please print name and title of signer: **JANE MAYER** / **SECRETARY**
NAME TITLE

REPORT FEE IS: **\$100.00**

E-MAIL ADDRESS (OPTIONAL): _____



**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, P.O. Box 9529, Manchester, NH 03108-9529