



State of New Hampshire 2004 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, 2004

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

Filed
Effective Date: 04/04/2004
Business ID: 444750
William M. Gardner
Secretary of State
200409590001

MG2 INSTALLATIONS, LLC
354 CILLEY RD
MANCHESTER, NH 03103

ADDRESS OF PRINCIPAL OFFICE:

354 CILLEY RD
MANCHESTER, NH 03103

REGISTERED AGENT AND OFFICE:

GARY R GOSSELIN
354 CILLEY RD
MANCHESTER, NH 03103

ENTITY TYPE:	LLC
BUSINESS ID:	444750
STATE OF DOMICILE:	NEW HAMPSHIRE
FEDERAL ID:	
INTERIOR COMMERCIAL FIN CARPENTRY	

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 **GARY GOSSELIN**

STREET **354 CILLEY RD**

CITY/STATE/ZIP **MANCHESTER, NH 03103**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

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 **GARY GOSSELIN**

STREET **354 CILLEY RD**

CITY/STATE/ZIP **MANCHESTER, NH 03103**

NAME **MIKE GRENON**

STREET **128 ST MARIE ST**

CITY/STATE/ZIP **MANCHESTER, NH 03102**

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: **GARY GOSSELIN**

Please print name and title of signer: **GARY GOSSELIN** / **AUTHORIZED PARTY**

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:

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