



State of New Hampshire 2003 ANNUAL REPORT

The following information shall be given as of January 1
preceding the due date Pursuant to RSA 293-A:16.22.
REPORT DUE BY April 1, 2003
ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2003,
WILL BE ASSESSED A \$50.00 LATE FEE.

Effective Date Filed: 06/01/2004
Business ID: 204362
William M. Gardner
Secretary of State

MODERN SOLAR SYSTEMS, INC.
92 SWEET HILL RD
PLAISTOW, NH 03865

ADDRESS OF PRINCIPAL OFFICE:
92 SWEET HILL RD
PLAISTOW, NH 03865
REGISTERED AGENT AND OFFICE:
ELIZABETH RENSA
~~29 BRIDE HILL DR~~ 92 Sweet Hill Rd
HAMPTON, NH 03842 Plaistow, NH 03865

ENTITY TYPE:	CORPORATION
BUSINESS ID:	204362
STATE OF DOMICILE:	NH
FEDERAL ID:	020463910
WINDOW TREATMENTS(99AR)	

2 **If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.**
 The new mailing address 92 Sweet Hill Rd, Plaistow, NH 03865
 The new principal office address _____
PO Box is acceptable.

OFFICERS
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW) **A**

NAME Elizabeth A. Rensa
STREET 92 Sweet Hill Rd
CITY/STATE/ZIP Plaistow, NH 03865
NAME JOE Rensa
STREET 92 Sweet Hill Rd
CITY/STATE/ZIP Plaistow NH 03865

BOARD OF DIRECTORS
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW) **B**

NAME Elizabeth A. Rensa
STREET 92 Sweet Hill Rd
CITY/STATE/ZIP PLAISTOW NH 03865
NAME JOE Rensa
STREET 92 Sweet Hill Rd
CITY/STATE/ZIP PLAISTOW NH 03865

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: Elizabeth A. Rensa, Joseph J. Rensa
Please print name and title of signers: Elizabeth A. Rensa Pres / Joseph J. Rensa
NAME TITLE

REPORT FEE IS: ~~\$150.00~~ 150

E-MAIL ADDRESS (OPTIONAL): _____

WHEN THIS FORM IS ACCEPTED BY THE STATE OF NEW HAMPSHIRE
PUBLIC DOCUMENT AND ALL INFORMATION CONTAINED HEREIN IS UNLAWFUL
REQUIRED INFORMATION MUST BE C
MAKE CHECK
RETURN CC
New Hampshire Department of State

State of New Hampshire
Fee - Form 47 - (Corporations) 1 Page(s)

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