



# State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

**REPORT DUE BY April 1, 2004**

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

Filed  
Effective Date: 06/30/2004  
Business ID: 396689  
William M. Gardner  
Secretary of State  
200418290007

**PATRIOT CONSTRUCTION, INC**

**28 CHARRON AVE. #9  
NASHUA, NH 03063**

**ADDRESS OF PRINCIPAL OFFICE:**

**28 CHARRON AVE. #9  
NASHUA, NH 03063**

**REGISTERED AGENT AND OFFICE:**

**DENYSE POULIN  
28 CHARRON AVE., SUITE 9  
NASHUA, NH 03063**

ENTITY TYPE: CORPORATION

BUSINESS ID: 396689

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 043595371

COMMERCIAL CONSTRUCTION

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

The new mailing address **3 BUD WAY - UNIT # 27, NASHUA, NH 03063**

The new principal office address **3 BUD WAY - UNIT # 27, NASHUA, NH 03063**

PO Box is acceptable.

### OFFICERS

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

**A**

PRES **DENYSE POULIN**  
STREET **163 EAST DUNSTABLE RD**  
CITY/STATE/ZIP **NASHUA, NH 03062**

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

### BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

**B**

NAME **DENYSE POULIN**  
STREET **163 EAST DUNSTABLE RD**  
CITY/STATE/ZIP **NASHUA, NH 03062**

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

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: **DENYSE POULIN**

**Please print name and title of signer: DENYSE POULIN / PRESIDENT**

NAME

TITLE

REPORT FEE IS: **\$150.00**

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