



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.

Date Filed	Date Filed: 07/12/2004
Effective	Business ID: 375628
Business	William M. Gardner Secretary of State
Will	
Secretary of State	
200419404050	

TILTON CHOCOLATE SHOP, INC.
4496 S SECTIONLINE RD
DELAWARE, OH 43015

ENTITY TYPE:	CORPORATION
BUSINESS ID:	375628
STATE OF DOMICILE:	OH
FEDERAL ID:	311726606
RETAIL SALE OF CANDIES AND GOURMET CHOCOLATES	

ADDRESS OF PRINCIPAL OFFICE: 4496 S SECTIONLINE RD DELAWARE, OH 43015
REGISTERED AGENT AND OFFICE: AUDREY CROSS ROCKY MTN CHOCOLATE FACTORY 120 LACONIA TILTON, NH 03276

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.

OFFICERS		BOARD OF DIRECTORS	
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). <u>(MUST LIST AT LEAST ONE OFFICER BELOW)</u>		NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). <u>(MUST LIST AT LEAST ONE DIRECTOR BELOW)</u>	
A	NAME <u>James F. Aman</u>	B	NAME <u>James F. Aman</u>
	STREET <u>4496 S Section Line Rd.</u>		STREET <u>4496 S Section Line Rd</u>
	CITY/STATE/ZIP <u>Delaware, OH 43015</u>		CITY/STATE/ZIP <u>Delaware, OH 43015</u>
	NAME <u>Steve C. Aman</u>		NAME _____
	STREET <u>4496 S Section Line Rd.</u>		STREET _____
	CITY/STATE/ZIP <u>Delaware, OH 43015</u>		CITY/STATE/ZIP _____
	NAME <u>Richard Jackson</u>		NAME _____
	STREET <u>622 Main Rd.</u>		STREET _____
	CITY/STATE/ZIP <u>Delaware, OH 43015</u>		CITY/STATE/ZIP _____
	NAME _____		NAME _____
	STREET _____		STREET _____
	CITY/STATE/ZIP _____		CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

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: _____

Please print name and title of signer: James F. Aman , President

NAME TITLE

REPORT FEE IS: **\$150.00**

E-MAIL ADDRESS (OPTIONAL): _____



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE THIS REPORT IS PUBLIC DOCUMENT AND ALL INFORMATION REQUIRED INFORMATION MUST BE COMPLETE. MAKE CHECK PAY RETURN COMPLETE. New Hampshire Department of State, Ann

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



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