



State of New Hampshire 2005 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, 2005

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 02/06/2005
Business ID: 291741
William M. Gardner
Secretary of State

GREEN FEET ENTERPRISES, L.L.C.

PO BOX 3476
N CONWAY , NH 03860

ADDRESS OF PRINCIPAL OFFICE:

PO BOX 3476
N CONWAY , NH 03860

REGISTERED AGENT AND OFFICE:

WAYNE L FISK
RED EAGLE ST, ALBANY NH , PO BOX 3476
N CONWAY , NH 03860

ENTITY TYPE: LLC

BUSINESS ID: 291741

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 020500291

PROVIDE SELECTED MILITARY & USG PERSONNEL MEDICAL &
ANCILLARY SKILLS

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 **45 RED EAGLE STREET, ALBANY, NH 03818**

PO Box is acceptable.

MANAGERS

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

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

A

PRES. **Wayne L. Fisk**
STREET **Pob 3476**
CITY/STATE/ZIP **North Conway Nh 03860**
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

B

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: **WAYNE L. FISK**

Please print name and title of signer: **WAYNE L. FISK** / **PRESIDENT**

NAME TITLE

FEE DUE: \$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