



# 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: 03/30/2005  
Business ID: 488133  
William M. Gardner  
Secretary of State

TONY COPPOLA PLUMBING & HEATING, LLC

21 DOUGLAS DR  
SALEM, NH 03079

ADDRESS OF PRINCIPAL OFFICE:

21 DOUGLAS DR  
SALEM, NH 03079

REGISTERED AGENT AND OFFICE:

TONY COPPOLA  
21 DOUGLAS DR  
SALEM, NH 03079

ENTITY TYPE: LLC

BUSINESS ID: 488133

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 593800546

HEATING AND COOLING SYSTEMS

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. **TONY COPPOLA**  
STREET **21 DOUGLAS DR**  
CITY/STATE/ZIP **SALEM NH 03079**

MANA. **ELLEN COPPOLA**  
STREET **21 DOUGLAS DR**  
CITY/STATE/ZIP **SALEM NH 03079**

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

### MEMBERS

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

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. **TONY COPPOLA**  
STREET **21 DOUGLAS DR**  
CITY/STATE/ZIP **SALEM NH 03079**

MEMB. **ELLEN COPPOLA**  
STREET **21 DOUGLAS DR**  
CITY/STATE/ZIP **SALEM NH 03079**

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

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: **TONY COPPOLA**

Please print name and title of signer: **TONY COPPOLA** / **MANAGER**

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