State of New Hampshire
2005 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, 2005

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

Filed
Date Filed: 05/16/2005
Business ID: 384801
William M. Gardner
Secretary of State

ROCKINGHAM TURF CARE INC.

PO BOX 163

EXETER , NH 03833

ENTITY TYPE:	CORPORATION
BUSINESS ID:	384801
STATE OF DOMICILE:	NEW HAMPSHIRE
FEDERAL ID:	020523707

FERTILIZATIONS& PESTICIDE APPLICATIONS TO LAWN, TREES & SHRUBS

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ADDRESS OF PRINCIPAL OFFICE:

PO BOX 163

EXETER , NH 03833

REGISTERED AGENT AND OFFICE:

DAWNA M. NOWNES

10 PRESCOTT ROAD

BRENTWOOD , NH 03833

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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.

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OFFICERS — A

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

PRES.	**Roger Frank Nownes**
STREET	**2 Lincoln Street, #2**
CITY/STATE/ZIP	**Exeter Nh 03833**
V-PRES.	**ERASMUS ASAMOA**
STREET	**15-10 OAKWOOD CIRCLE**
CITY/STATE/ZIP	**GOFFSTOWN NH 03045**
NAME	
STREET	
CITY/STATE/ZIP	
NAME	
STREET	
CITY/STATE/ZIP	

BOARD OF DIRECTORS — B

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

DIR.	**ERASMUS ASAMOA**
STREET	**15-10 OAKWOOD CIRCLE**
CITY/STATE/ZIP	**GOFFSTOWN NH 03045**
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

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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: **DAWNA MARLENE ROBERTS**

Please print name and title of signer: **DAWNA MARLENE ROBERTS** / **AUTHORIZED PARTY**

NAME TITLE

FEE DUE: **$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