



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: 02/22/2006
Business ID: 207183
William M. Gardner
Secretary of State

HAMPSHIRE PEST CONTROL CO., INC.

516 JENNESS POND RD
NORTHWOOD, NH 03261

ADDRESS OF PRINCIPAL OFFICE:

516 JENNESS POND RD
NORTHWOOD, NH 03261

REGISTERED AGENT AND OFFICE:

SUSAN D LINCOLN
516 JENNESS POND RD
NORTHWOOD, NH 03261

ENTITY TYPE: CORPORATION

BUSINESS ID: 207183

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 020470700

PROVIDE PEST CONTROL, EXTERMINATION, CONSULTING,
INSPECTION, ETC., SERVICES

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

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

PRES. Susan Dale Lincoln
STREET 516 JENNESS POND RD.
CITY/STATE/ZIP Northwood NH 03261

V-PRES. JUSTIN ROBERT LINCOLN
STREET 516 JENNESS POND RD.
CITY/STATE/ZIP NORTHWOOD NH 03261

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)

DIR. Susan Dale Lincoln
STREET 516 JENNESS POND RD.
CITY/STATE/ZIP Northwood NH 03261

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: SUSAN DALE LINCOLN

Please print name and title of signer: SUSAN DALE LINCOLN / PRESIDENT

NAME TITLE

FEE DUE: \$375.00

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