State of New Hampshire
2006 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, 2006

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

Filed
Date Filed: 03/08/2006
Business ID: 259407
William M. Gardner
Secretary of State

ROBERT ABEL & CO., INC.

1 INTERNATIONAL WAY

LAWRENCE , MA 01843

ENTITY TYPE:	CORPORATION
BUSINESS ID:	259407
STATE OF DOMICILE:	MASSACHUSETTS
FEDERAL ID:	043047271

DESIGN, SUPPLY, SERVICE MATERIAL HANDLING EQUIPMENT AND SYSTEMS

1

ADDRESS OF PRINCIPAL OFFICE:

1 INTERNATIONAL WAY

LAWRENCE , MA 01843

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM

9 CAPITOL ST

CONCORD , NH 03301

2

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.

3

OFFICERS

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

A

PRES.	John L Croce
STREET	1 International Way
CITY/STATE/ZIP	Lawrence Ma 01843
TREAS.	John F Everts
STREET	The Raymond Corporation S Canal Street
CITY/STATE/ZIP	Greene Ny 13778
SEC'Y.	Timothy J Koval
STREET	The Raymond Corporation S Canal Street
CITY/STATE/ZIP	Greene Ny 13778
NAME	
STREET	
CITY/STATE/ZIP	

BOARD OF DIRECTORS

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

B

DIR.	James J Malvaso
STREET	The Raymond Corporation S Canal Street
CITY/STATE/ZIP	Greene Ny 13778
DIR.	James B Bennett
STREET	The Raymond Corporation S Canal Street
CITY/STATE/ZIP	Greene Ny 13778
NAME	
STREET	
CITY/STATE/ZIP	
NAME	
STREET	
CITY/STATE/ZIP	

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

4

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: JOHN L. CROCE

Please print name and title of signer: JOHN L. CROCE / 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