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: 03/30/2006
Business ID: 251938
William M. Gardner
Secretary of State

CHARLES GEORGE TRUCKING CO., INC.

PO BOX 283
TOPSFIELD, MA 01983

ENTITY TYPE: CORPORATION
BUSINESS ID: 251938
STATE OF DOMICILE: NEW HAMPSHIRE
OWN MANAGE & OPERATE A TRUCKING & WASTE DISPOSAL/HAULING BUSINESS; ANY LAWFULACT

1

ADDRESS OF PRINCIPAL OFFICE:
PO BOX 283
TOPSFIELD, MA 01983

REGISTERED AGENT AND OFFICE:
KAREN DOROTHY GEORGOULAKOS
209 NASHUA RD
LONDONDERRY, NH 03053

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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

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

A

PRES. **Karen D. George**
STREET **PO Box 132**
CITY/STATE/ZIP **Topsfield Ma 01983**
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP
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. **Karen D. George**
STREET **PO Box 132**
CITY/STATE/ZIP **Topsfield Ma 01983**
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: **KAREN D. GEORGE**

Please print name and title of signer: **KAREN D. GEORGE** / **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