



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: 04/03/2006
Business ID: 5134
William M. Gardner
Secretary of State

ADAMS APPLIANCE CO., INC.
33 N MAIN ST
ROCHESTER, NH 03867

ADDRESS OF PRINCIPAL OFFICE:

33 N MAIN ST
ROCHESTER, NH 03867

REGISTERED AGENT AND OFFICE:

PETER ADAMS JR
33 N MAIN ST
ROCHESTER, NH 03862

ENTITY TYPE:	CORPORATION
BUSINESS ID:	5134
STATE OF DOMICILE:	NEW HAMPSHIRE
FEDERAL ID:	020329633
APPLIANCE SALES AND SERVICE (1999 AR)	

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)

NAME PETE Adams Jr

STREET 33 North Main St

CITY/STATE/ZIP ROCHESTER NH 03867

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)

NAME PETE Adams Jr

STREET 33 North Main St

CITY/STATE/ZIP ROCH. NH. 03867

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

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:

Please print name and title of signer:

PETE Adams Jr / Pres
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