



State of New Hampshire

2010 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2010

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

Filed

Date Filed: 03/04/2010

Business ID: 394963

William M. Gardner

Secretary of State

PRODUCTION TRAILER AND DOCK, LLC

25 DANIEL WEBSTER HWY
MEREDITH, NH 03253

ADDRESS OF PRINCIPAL OFFICE:

25 DANIEL WEBSTER HWY
MEREDITH, NH 03253

REGISTERED AGENT AND OFFICE:

RICHARDS, HOWARD
124 DANIEL WEBSTER HIGHWAY
MEREDITH, NH 03253

ENTITY TYPE: LLC

BUSINESS ID: 394963

STATE OF DOMICILE: NEW HAMPSHIRE

SALES, RENTAL AND SERVICING OF TRAILERS, DOCKS AND
MOORINGS

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.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. Howard Richards

STREET 84 Ashley Drive

CITY/STATE/ZIP Laconia Nh 03246

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. Howard Richards

STREET 84 Ashley Drive

CITY/STATE/ZIP Laconia Nh 03246

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by the manager, if no manager, must be signed by a member.

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:

Howard Richards

Please print name and title of signer:

Howard Richards

/

MEMBER

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



039496320101008

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:

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