



State of New Hampshire

2006 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, 2006

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

Filed

Date Filed: 02/15/2007

Business ID: 409545

William M. Gardner

Secretary of State

"NORTH COUNTRY HYDRAULICS & SURPLUS LLC"

1419 MT. EUSTIS RD. , PO BOX 73
LITTLETON, NH 03561

ADDRESS OF PRINCIPAL OFFICE:

1419 MT. EUSTIS RD. , PO BOX 73
LITTLETON, NH 03561

REGISTERED AGENT AND OFFICE:

SANDRA MOSCICKI
1419 MT. EUSIS RD. , PO BOX 73
LITTLETON, NH 03561

ENTITY TYPE: LLC

BUSINESS ID: 409545

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 113648820

BUYING AND SELLING SURPLUS GOODS
HYDRAULIC CYLINDER SERVICE

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. Sandra Moscicki
STREET 1419 Mt. Eustis Rd.
Po Box 73
CITY/STATE/ZIP Littleton Nh 03561

NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

MEMBERS

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

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

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:

Sandra Moscicki

Please print name and title of signer:

Sandra Moscicki

/

MANAGER

NAME

TITLE

FEE DUE: \$150.00

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:

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