



State of New Hampshire

2014 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, 2014

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

Filed

Date Filed: 03/26/2014

Business ID: 484404

William M. Gardner

Secretary of State

BEDFORD-CARNEVALE, LLC

2 OLDE BEDFORD WAY
BEDFORD, NH 03110

ADDRESS OF PRINCIPAL OFFICE:

2 OLDE BEDFORD WAY
BEDFORD, NH 03110

REGISTERED AGENT AND OFFICE:

CARNEVALE, JON F
2 OLDE BEDFORD WAY
BEDFORD, NH 03110

ENTITY TYPE: LLC

BUSINESS ID: 484404

STATE OF DOMICILE: NEW HAMPSHIRE

OWN REAL ESTATE, CONSTRUCT AN INN AND RESTAURANT, TO
OPERATE AND MANAGE THE INNN AND RESTAURANT

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. Jon F Carnevale
STREET 2 Olde Bedford Way
CITY/STATE/ZIP Bedford Nh 03110

MANA. Andrea E Carnevale
STREET 2 Olde Bedford Way
CITY/STATE/ZIP Bedford Nh 03110

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

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: Andrea E Carnevale

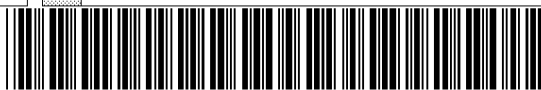
Please print name and title of signer: Andrea E Carnevale / MANAGER

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



048440420141002

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, 107 N. Main St., Room 204, Concord, NH 03301