



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: 03/28/2010

Business ID: 546819

William M. Gardner

Secretary of State

MORE EFFECTIVE CONSULTING LLC

10 CHESTNUT CIR

MONT VERNON, NH 03057

ADDRESS OF PRINCIPAL OFFICE:

10 CHESTNUT CIR

MONT VERNON, NH 03057

REGISTERED AGENT AND OFFICE:

MORRISSETTE, MATTHEW

10 CHESTNUT CR

MONT VERNON, NH 03057

ENTITY TYPE: LLC

BUSINESS ID: 546819

STATE OF DOMICILE: NEW HAMPSHIRE

CONDUCT CONSULTING/TRAINING SERVICES TO MFG &
HEALTHCARE BUSINESSES

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

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

MEMBERS

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

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. Matthew Morrisette

STREET 10 Chestnut Circle

CITY/STATE/ZIP Mont Vernon Nh 03057

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:

Matthew Morrisette

Please print name and title of signer:

Matthew Morrisette

/

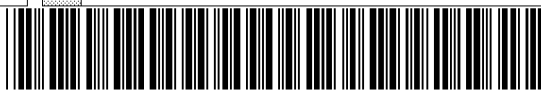
MEMBER

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



054681920101007

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