



State of New Hampshire

2012 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, 2012

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

Filed

Date Filed: 01/06/2012

Business ID: 627993

William M. Gardner

Secretary of State

C.A.R.S. PROTECTION PLUS, INC.

4431 WILLIAM PENN HWY. SUITE 1
MURRYSVILLE, PA 15668

ADDRESS OF PRINCIPAL OFFICE:

4431 WILLIAM PENN HWY. SUITE 1
MURRYSVILLE, PA 15668

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM
9 CAPITOL STREET
CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 627993

STATE OF DOMICILE: PENNSYLVANIA

SERVICE CONTRACT PROVIDER FOR USED VEHICLES.

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)

PRES. Michael A. Tedesco
STREET 4431 William Penn Hwy., Suite 1
CITY/STATE/ZIP Murrsville PA 15668

TREAS. Michael A. Tedesco
STREET 4431 William Penn Hwy., Suite 1
CITY/STATE/ZIP Murrsville PA 15668

SEC'Y. Michael A. Tedesco
STREET 4431 William Penn Hwy., Suite 1
CITY/STATE/ZIP Murrsville PA 15668

NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

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

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Michael A. Tedesco
STREET 4431 William Penn Hwy., Suite 1
CITY/STATE/ZIP Murrsville PA 15668

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:

MICHAEL A TEDESCO

Please print name and title of signer:

MICHAEL A TEDESCO

/

PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



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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