



State of New Hampshire

2012 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, 2012

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

Filed

Date Filed: 03/26/2012

Business ID: 649838

William M. Gardner

Secretary of State

FIRENZE SOFTWARE, LLC

165 BAY STATE DRIVE

BRAINTREE, MA 02184

ADDRESS OF PRINCIPAL OFFICE:

165 BAY STATE DRIVE

BRAINTREE, MA 02184

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM

9 CAPITOL STREET

CONCORD, NH 03301

ENTITY TYPE: LLC

BUSINESS ID: 649838

STATE OF DOMICILE: MASSACHUSETTS

SOFTWARE DEVELOPMENT. TO ENGAGE IN ANY LAWFUL ACT OR
ACTIVITY FOR WHICH LLC'S MAY BE ORGANIZED TO DO BUSINESS
UNDER THE LAWS OF NH

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. **Howard Reisman**

STREET **165 Bay State Drive**

CITY/STATE/ZIP **Braintree MA 02184**

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:

David Spindler

Please print name and title of signer:

David Spindler

/

AUTHORIZED PARTY

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



064983820121004

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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