



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: 04/02/2014

Business ID: 691871

William M. Gardner

Secretary of State

ALPHA ASPHALT MAINTENANCE & SEALCOATING LLC

405 MIDDLE RD UNIT 2
BRENTWOOD, NH 03833

ADDRESS OF PRINCIPAL OFFICE:

405 MIDDLE RD UNIT 2
BRENTWOOD, NH 03833

REGISTERED AGENT AND OFFICE:

CHRESTENSEN, KYLE
405 MIDDLE RD
BRENTWOOD, NH 03833

ENTITY TYPE: LLC

BUSINESS ID: 691871

STATE OF DOMICILE: NEW HAMPSHIRE

ASPHALT REPAIR AND MAINTENANCE AND RELATED SERVICES

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. Kyle Chrestensen

STREET 45 Middle Road Unit 2

CITY/STATE/ZIP Brentwood NH 03833

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:

Kyle Chrestensen

Please print name and title of signer:

Kyle Chrestensen

/

MEMBER

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



069187120141000

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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