



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: 05/14/2012

Business ID: 232915

William M. Gardner

Secretary of State

ASKDI, INC.

611 MAIN ST , PO BOX 183
LACONIA, NH 03247

ADDRESS OF PRINCIPAL OFFICE:

611 MAIN ST , PO BOX 183
LACONIA, NH 03247

REGISTERED AGENT AND OFFICE:

HIBBARD, EDMUND S, ESQ
28 BOWMAN STREET
LACONIA, NH 03246

ENTITY TYPE: CORPORATION

BUSINESS ID: 232915

STATE OF DOMICILE: NEW HAMPSHIRE

MARTIAL ARTS TRAINING AND EDUCATION

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address **369-B Union Ave, PO Box 183, Laconia, NH 03247**

☒ The new principal office address **369-B Union Ave, Laconia, NH 03247**

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. **Sali Emen Azem**

STREET **369-B Union Ave**
P.O. Box 183

CITY/STATE/ZIP **Laconia NH 03247**

SEC. Y. **Michael Nielsen**

STREET **369-B Union Ave**
P.O. Box 183

CITY/STATE/ZIP **Laconia NH 03247**

TREAS. **Mary-ellen Azem**

STREET **369-B Union Ave**
P.O. Box 183

CITY/STATE/ZIP **Laconia NH 03247**

NAME

STREET

CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. **Sali Azem**

STREET **369-B Union Ave**
PO Box 183

CITY/STATE/ZIP **Laconia NH 03247**

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: **Sali Azem**

Please print name and title of signer: **Sali Azem**

NAME

/

DIRECTOR

TITLE

FEE DUE: **\$150.00**

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