



State of New Hampshire 2005 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, 2005

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

Filed

Date Filed: 11/18/2005

Business ID: 384892

William M. Gardner

Secretary of State

"LITTLE SAINTS" CHRISTIAN PRESCHOOL LLC

213 N. MAIN ST.

CONCORD , NH 03301

ADDRESS OF PRINCIPAL OFFICE:

213 N. MAIN ST.

CONCORD , NH 03301

1 REGISTERED AGENT AND OFFICE:

SCLAFANI, MICHAEL

14 WELLHOUSE ROAD

HOPKINTON, NH 03229

ENTITY TYPE: LLC

BUSINESS ID: 384892

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 020527652

CHRISTIAN PRESCHOOL/CHILD CARE CENTER

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



The new mailing address 14 WELLHOUSE ROAD, HOPKINTON, NH 03229



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

MANA. REV. MICHAEL Sclafani

STREET 14 WELLHOUSE ROAD

CITY/STATE/ZIP Hopkinton NH 03229

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. REV. MICHAEL Sclafani

STREET 14 WELLHOUSE ROAD

CITY/STATE/ZIP Hopkinton NH 03229

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:

REV. MICHAEL SCLAFANI

Please print name and title of signer:

REV. MICHAEL SCLAFANI

/

MANAGER

NAME

TITLE

FEE DUE: \$300.00

E-MAIL ADDRESS (OPTIONAL):



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