



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: 615896

William M. Gardner

Secretary of State

ZERO BY DEGREES LLC

287 FAIRVIEW SQ
FAIRLEE, VT 05045

ADDRESS OF PRINCIPAL OFFICE:

287 FAIRVIEW SQ
FAIRLEE, VT 05045

REGISTERED AGENT AND OFFICE:

GOSSELIN, GAYLE
48 LETTER S. RD
ALTON, NH 03809

ENTITY TYPE: LLC

BUSINESS ID: 615896

STATE OF DOMICILE: NEW HAMPSHIRE

SALE OF ENERGY EFFICIENCY, CONSERVATION, ENERGY
GENERATION RELATED PRODUCTS/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

MANA. Jonathan Haehnel

STREET 287 Fairview Sq.

CITY/STATE/ZIP Fairlee Vt 05045

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. Jonathan Haehnel

STREET 287 Fairview Sq.

CITY/STATE/ZIP Fairlee Vt 05045

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:

Jonathan Haehnel

Please print name and title of signer:

Jonathan Haehnel

/

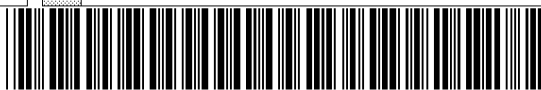
MEMBER

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



061589620141003

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PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

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RETURN COMPLETED REPORT AND PAYMENT TO:

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