



State of New Hampshire

2014 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, 2014

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

Filed

Date Filed: 04/01/2014

Business ID: 617522

William M. Gardner

Secretary of State

HERO GROUP INC.

100 HERO DRIVE

AMSTERDAM, NY 12010

ADDRESS OF PRINCIPAL OFFICE:

100 HERO DRIVE

AMSTERDAM, NY 12010

REGISTERED AGENT AND OFFICE:

LAWYERS INCORPORATING SERVICE

14 CENTRE STREET

CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 617522

STATE OF DOMICILE: DELAWARE

THE SELLING OF BABY FOOD TO RETAILERS AND DISTRIBUTORS.

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.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Jeffrey Boutelle

STREET 100 Hero Drive

CITY/STATE/ZIP Amsterdam Ny 12010

TREAS. Steve Foster

STREET 100 Hero Drive

CITY/STATE/ZIP Amsterdam Ny 12010

SEC'Y. Steve Foster

STREET 100 Hero Drive

CITY/STATE/ZIP Amsterdam Ny 12010

OTHE. Stephan Schopp

STREET 100 Hero Drive

CITY/STATE/ZIP Amsterdam Ny 12010

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Stephan Schopp

STREET 100 Hero Drive

CITY/STATE/ZIP Amsterdam Ny 12010

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

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:

Jeffrey Boutelle

Please print name and title of signer:

Jeffrey Boutelle

/

PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

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:

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