



# State of New Hampshire

## 2013 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, 2013

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

Filed

Date Filed: 01/02/2013

Business ID: 613383

William M. Gardner

Secretary of State

BWB PROJECT MGMT PRACTICES LLC

7 CYNTHIA STREET  
WINDHAM, NH 03087

### ADDRESS OF PRINCIPAL OFFICE:

7 CYNTHIA STREET  
WINDHAM, NH 03087

### REGISTERED AGENT AND OFFICE:

BREEN, BARRY W.  
7 CYNTHIA STREET  
WINDHAM, NH 03087

ENTITY TYPE: LLC

BUSINESS ID: 613383

STATE OF DOMICILE: NEW HAMPSHIRE

CONSULTING SERVICES IN SUPPORT OF PROJECT MANAGEMENT  
AND PROJECT FINANCE IN THE DEFENSE AEROSPACE INDUSTRY

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. **Barry Warren Breen**

STREET **7 Cynthia St**

CITY/STATE/ZIP **Windham Nh 03087**

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

NAME .....

STREET .....

CITY/STATE/ZIP .....

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:

**Barry Warren Breen**

Please print name and title of signer:

**Barry Warren Breen**

/

**MANAGER**

NAME

TITLE

FEE DUE: **\$100.00**

E-MAIL ADDRESS (OPTIONAL):



061338320131001

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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