

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: 01/07/2013
Business ID: 676532
William M. Gardner
Secretary of State

MY WORDSHOP, LLC
17 GRAFTON DR
BEDFORD, NH 03110

ADDRESS OF PRINCIPAL OFFICE:

17 GRAFTON DR
BEDFORD, NH 03110

REGISTERED AGENT AND OFFICE:

MORENSKI, RENE
17 GRAFTON DR
BEDFORD, NH 03110

ENTITY TYPE: LLC
BUSINESS ID: 676532
STATE OF DOMICILE: NEW HAMPSHIRE

LANGUAGE BASED SERVICES INCLUDING BUT NOT LIMITED TO
TRANSLATION, WRITING AND EDITING

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

MEMBERS

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

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

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MANA. **Rene Morenski**
STREET **17 Grafton Drive**
CITY/STATE/ZIP **Bedford NH 03110**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAME
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CITY/STATE/ZIP
NAME
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CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

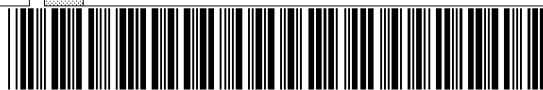
To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **Rene Morenski**

Please print name and title of signer: **Rene Morenski** / **MANAGER**
NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



067653220131006

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, 107 N. Main St., Room 204, Concord, NH 03301