



State of New Hampshire 2005 NON PROFIT REPORT

Filed
Date Filed: 09/02/2005
Business ID: 209165
William M. Gardner
Secretary of State

REPORT DUE BY December 31, 2005

CLOUGH POND ASSOCIATION

C/O JEAN M. COTE, TREAS., 131 CLOUGH POND RD
CANTERBURY, NH 03224

ADDRESS OF PRINCIPAL OFFICE:

C/O JEAN M. COTE, TREAS., 131 CLOUGH POND RD
CANTERBURY, NH 03224

REGISTERED AGENT AND OFFICE: (foreign only)

ENTITY TYPE: NONPROFIT

BUSINESS ID: 209165

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 000000000

COMMUNITY & ENVIRONMENT IMPROVEMENT

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 OFFICERS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME GEORGE PAGE, President

STREET 140 BERRY RD

CITY/STATE/ZIP LOUDON NH 03307

NAME GLORIA TRUMBAY, SECRETARY

STREET 23 MONTGOMERY ST.

CITY/STATE/ZIP CONCORD NH 03301

NAME JEAN M. COTE, Treasurer

STREET 131 CLOUGH POND RD.

CITY/STATE/ZIP CANTERBURY NH 03224

NAME _____

STREET _____

CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

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

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME EMMA TILLOTSON

STREET 52 TREMONT ST.

CITY/STATE/ZIP CONCORD NH 03301

NAME BREWSTER BARTLETT

STREET 300 CLOUGH POND RD.

CITY/STATE/ZIP LOUDON NH 03307

NAME PRISCILLA GILES

STREET 110 SO. STATE ST.

CITY/STATE/ZIP CONCORD NH 03301

NAME _____

STREET _____

CITY/STATE/ZIP _____

To be signed by president or other officer.

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:

Jean M. Cote

Please print name and title of signer:

JEAN M. COTE

TREASURER

NAME

TITLE

FEE DUE: \$25.00

E-MAIL ADDRESS (OPTIONAL): cpnewfs@junocom

State of New Hampshire
Fee - Nonprofit Returns (every 5 years) 1 Page(s)

WHEN THIS FORM IS
PUBLIC DOCUMENT
REQUIRED INFORMATION



T0524545032

L BECOME A
DISCLOSURE
ILL BE REJECTED

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529