

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000108

Entity Name: NEW HAMPSHIRE STRUCTURES UNLIMITED, INC.**Current Principal Place of Business:**166 RIVER ROAD
BOW, NH 03304**Current Mailing Address:**P.O. BOX 4105
LICENSING DEPT
MANCHESTER, NH 03108-4105 US**FEI Number:** 02-0275498**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST
SUITE 105
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	KELLER, ROBERT R JR.
Address	88 PINE STREET
City-State-Zip:	MANCHESTER NH 03103

Title	STD, VP
Name	GARFIELD, KATHERINE
Address	43 UNION STREET
City-State-Zip:	MANCHESTER NH 03103

Title	DIRECTOR
Name	KELLER, BRUCE M
Address	1111 CANDIA ROAD
City-State-Zip:	MANCHESTER NH 03109

Title	VP
Name	FOSS, KEVIN J
Address	40 RIVER ROAD
City-State-Zip:	BOW NH 03304

Title	DIRECTOR
Name	KELLER, AMELIA S
Address	1111 CANDIA ROAD
City-State-Zip:	MANCHESTER NH 03109

Title	DIRECTOR
Name	KELLER, SCOTT F
Address	88 PINE STREET
City-State-Zip:	MANCHESTER NH 03103

Title	DIRECTOR
Name	SAMUEL F KELLER
Address	1111 CANDIA ROAD
City-State-Zip:	MANCHESTER NH 03109

Title	DIRECTOR
Name	MICHAEL R. KELLER
Address	1111 CANDIA ROAD
City-State-Zip:	MANCHESTER NH 03109

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHERINE K. GARFIELD**TREASURER****03/18/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ROBERT R. KELLER, III
Address	1111 CANDIA ROAD
City-State-Zip:	MANCHESTER NH 03109