

**2021 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

**FILED**  
**Jan 13, 2021**  
**Secretary of State**  
**9142486192CC**

**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, RICHARD R  
Address 41 UNION STREET  
City-State-Zip: MANCHESTER NH 03103

Title VP, 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, DAVID W  
Address 88 PINE STREET  
City-State-Zip: MANCHESTER NH 03103

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

**Continues on page 2**

*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

**SECRETARY**

**01/13/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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