



State of New Hampshire 2009 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2009

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

Filed

Date Filed: 05/29/2009

Business ID: 143756

William M. Gardner

Secretary of State

DODGE FINANCIAL, INC.

DODGE FINANCIAL INC., P.O. BOX 7017

GILFORD, NH 03247

ENTITY TYPE: CORPORATION

BUSINESS ID: 143756

STATE OF DOMICILE: NEW HAMPSHIRE

DEAL IN FINANCIAL, ESTATE, INVESTMENT PLANNING; INSURANCE
SALES & SERVICE

ADDRESS OF PRINCIPAL OFFICE:

15 NORTHVIEW DRIVE

MEREDITH, NH 03253

REGISTERED AGENT AND OFFICE:

DODGE, DONALD E.

15 NORTHVIEW DRIVE

MEREDITH, NH 03253

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 BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

A

PRES. Donald E. Dodge
STREET 15 Northview Drive
CITY/STATE/ZIP Meredith Nh 03253

TREAS. Donald E. Dodge
STREET 15 Northview Drive
CITY/STATE/ZIP Meredith Nh 03253

SEC'Y. Donald E. Dodge
STREET 15 Northview Drive
CITY/STATE/ZIP Meredith Nh 03253

NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

B

DIR. William C. Pearl
STREET 15 Northview Drive
CITY/STATE/ZIP Meredith Nh 03253

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

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: Donald E Dodge

Please print name and title of signer: Donald E Dodge

NAME

/

PRESIDENT

TITLE

FEE DUE: \$150.00

E-MAIL ADDRESS (OPTIONAL):



014375620091503

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, P.O. Box 9529, Manchester, NH 03108-9529