

DON'T FORGET TO ATTACH:

- APPENDIX
- FILING FEE
- BOARD OF DIRECTOR'S LISTING

One of the following:  NHCT-2A  990, 990-EZ or  990-PF

Are your revenues over \$500,000? If yes, please submit prepared financial statement in addition to 990

Are your revenues over \$1,000,000? If yes, please submit audited financial statement in addition to 990

*No Further Fee Required*  
ANNUAL FILING FEE: \$75.00

Make check payable to:  
State of New Hampshire

### ANNUAL REPORT CERTIFICATE

Great Bay Services, Inc.

6/30/2020

Organization Name  
Pamela Layne or Kristi Reynolds

Fiscal Year End  
1516

In Care of **Dover**  
23 Cataract Avenue Suite 1  
Address City

State Registration # **03820**  
NH

State Zip

Under the penalties of perjury set forth in RSA 641:1-3, I declare that I have examined the attached report, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete.

*Margaret Callan*  
Signature of

*11/18/20*  
Date

PRESIDENT, TREASURER OR TRUSTEE

Date

Treasurer, Board of Directors

Megan Callan

(Print or Type) Name of Officer/Trustee

Title

THE SIGNATURE OF THE EXECUTIVE DIRECTOR IS NOT ACCEPTABLE. (If the organization does not have the office of "President" or "Treasurer", please attach an explanation or definition of the authority vested in the signator.)

STATE OF

COUNTY OF

On this the 18th day of NOV, 2020 before me personally appeared the above-named officer or trustee who acknowledged himself/herself to be the officer/trustee, President, Treasurer of the above-named organization and took oath or affirmed that the attached report including accompanying schedules and statements is to the best of his/her knowledge and belief true, correct and complete.

IN WITNESS Whereunto set my hand and official seal.

My Commission Expires



*[Signature]*  
Notary Public