Companies House

# AR01 (ef)

## Annual Return

*Received for filing in Electronic Format on the:* **14/12/2015**

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| | |
|---|---|
| *Company Name:* | **AARON ADAMS LTD** |
| *Company Number:* | **04986095** |
| *Date of this return:* | **05/12/2015** |
| *SIC codes:* | **81221**<br>**81299** |
| *Company Type:* | **Private company limited by shares** |
| *Situation of Registered Office:* | **52 MILL LANE**<br>**BROCKWORTH**<br>**GLOUCESTER**<br>**GL3 4QD** |

## Officers of the company

## *Company Secretary 1*

*Type:* **Person**

*Full forename(s):* **KELLY LOUISE**

*Surname:* **ADAMS**

*Former names:*

*Service Address:* **52 MILL LANE**
**BROCKWORTH**
**GLOUCESTER**
**GL3 4QD**

*Company Director 1*

*Type:* **Person**

*Full forename(s):* **AARON TIMOTHY**

*Surname:* **ADAMS**

*Former names:*

*Service Address:* **52 MILL LANE**
**BROCKWORTH**
**GLOUCESTER**
**GL3 4QD**

*Country/State Usually Resident:* **UNITED KINGDOM**

*Date of Birth:* ****/04/1975** *Nationality:* **BRITISH**

*Occupation:* **CLEANER**

## Statement of Capital (Share Capital)

| | | | |
|---|---|---|---|
| **Class of shares** | **ORDINARY** | *Number allotted* | **1** |
| | | *Aggregate nominal value* | **1** |
| *Currency* | **GBP** | *Amount paid per share* | **1** |
| | | *Amount unpaid per share* | **0** |

*Prescribed particulars*

**SHARES ATTRACT FULL VOTING RIGHTS, A RIGHT TO PARTICIPATE IN A DIVIDEND DISTRIBUTION, TO PARTICIPATE IN A CAPITAL DISTRIBUTION (INCLUDING ON WINDING UP) AND ARE NON-REDEEMABLE.**

## Statement of Capital (Totals)

| | | | |
|---|---|---|---|
| *Currency* | **GBP** | *Total number of shares* | **1** |
| | | *Total aggregate nominal value* | **1** |

## *Full Details of Shareholders*

The details below relate to individuals / corporate bodies that were shareholders as at 05/12/2015 or that had ceased to be shareholders since the made up date of the previous Annual Return

*A full list of shareholders for the company are shown below*

*Shareholding 1* : **1 ORDINARY shares held as at the date of this return**

*Name:* **A T ADAMS**

## *Authorisation*

*Authenticated*

*This form was authorised by one of the following:*

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.