



Companies House

AR01 (ef)

Annual Return



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Company Name: **REVENUE ASSURANCE SERVICES HOLDINGS LIMITED**

Company Number: **05724016**

Date of this return: **28/02/2016**

SIC codes: **99999**

Company Type: **Private company limited by shares**

Situation of Registered Office: **ASHWOOD COURT SPRINGWOOD WAY
TYTHERINGTON BUSINESS PARK
MACCLESFIELD
CHESHIRE
SK10 2XF**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **MR DAVID CHRISTOPHER**

Surname: **HUMPHREYS**

Former names:

Service Address recorded as Company's registered office

Company Director 1

Type: **Person**
Full forename(s): **MR DAVID LEE**

Surname: **CRUDDACE**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: ****/01/1964** Nationality: **ENGLISH**
Occupation: **DIRECTOR**

Company Director 2

Type: **Person**

Full forename(s): **MR DAVID CHRISTOPHER**

Surname: **HUMPHREYS**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/02/1973**

Nationality: **ENGLISH**

Occupation: **COMPANY DIRECTOR**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	1
		<i>Aggregate nominal value</i>	1
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	0

Prescribed particulars

THE SHARES HAVE ATTACHED TO THEM FULL VOTING, DIVIDEND AND CAPITAL DISTRIBUTION (INCLUDING ON WINDING UP) RIGHTS; THEY DO NOT CONFER ANY RIGHTS OF REDEMPTION.

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	1
		<i>Total aggregate nominal value</i>	1

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 28/02/2016 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: **REVENUE ASSURANCE SERVICES LIMITED**

Authorisation

Authenticated

This form was authorised by one of the following:

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