



Companies House

AR01 (ef)

Annual Return



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X3GHY201

Company Name: **Alston Pharmacy Limited**

Company Number: **07362183**

Date of this return: **01/09/2014**

SIC codes: **86900**

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

Situation of Registered Office: **ALSTON PHARMACY FRONT STREET
ALSTON
CUMBRIA
UNITED KINGDOM
CA9 3QP**

Officers of the company

Company Director ***1***

Type: **Person**
Full forename(s): **MR CONOR**

Surname: **MAGUIRE**

Former names: **MAGUIRE**

Service Address: **ALSTON PHARMACY FRONT STREET
ALSTON
CUMBRIA
UNITED KINGDOM
CA9 3QP**

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

Date of Birth: **29/12/1978** *Nationality:* **BRITISH**
Occupation: **PHARMACIST**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	2
		<i>Aggregate nominal value</i>	2
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	0

Prescribed particulars

FULL VOTING RIGHTS WITHOUT RESTRICTION. FULL RIGHTS TO DIVIDENDS AND ALL OTHER DISTRIBUTIONS. NO REDEMPTION RIGHTS.

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	2
		<i>Total aggregate nominal value</i>	2

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 01/09/2014 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: **ESTATE OF MARY CHAMBERS DECEASED**

Shareholding 2 : **1 ORDINARY shares held as at the date of this return**
Name: **CONOR MAGUIRE**

Authorisation

Authenticated

This form was authorised by one of the following:

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