Companies House

AR01 (ef)

Annual Return

Received for filing in Electronic Format on the: **28/08/2014**

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Company Name:	**DERRYLIN ENTERPRISES LIMITED**
Company Number:	**NI034633**
Date of this return:	**11/08/2014**
SIC codes:	**82990**
Company Type:	**Private company limited by guarantee**
Situation of Registered Office:	**FERMANAGH ENTERPRISE LIMITED ENNISKILLEN BUSINESS CENTRE** **21 LACKAGHBOY ROAD** **ENNISKILLEN** **FERMANAGH** **NORTHERN IRELAND** **BT74 4RL**

Officers of the company

Company Secretary 1

Type: **Person**

Full forename(s): **MR PATRICK DECLAN**

Surname: **BLAKE**

Former names:

Service Address: **4 CLOGHAN PARK**
DERRYLIN
CO.FERMANAGH
N. IRELAND
BT92 9LA

Company Director 1

Type: **Person**

Full forename(s): **PHILIP**

Surname: **BARRETT**

Former names:

Service Address: **210 BELTURBET ROAD**
KINOUTRAGH
DERRYLIN
FERMANAGH
NORTHERN IRELAND
BT92 9QF

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: **11/05/1960** *Nationality:* **IRISH**

Occupation: **BATHROOM & TILE SALES**

Company Director 2

Type: **Person**

Full forename(s): **MR PATRICK DECLAN**

Surname: **BLAKE**

Former names:

Service Address: **4 CLOGHAN PARK**
DERRYLIN
FERMANAGH
NORTHERN IRELAND
BT92 9LA

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: **12/01/1955** *Nationality:* **IRISH**

Occupation: **BUSINESS DIRECTOR**

Company Director 3

Type: **Person**

Full forename(s): **MR JOHN A.**

Surname: **MARTIN**

Former names:

Service Address: **22 CHAPEL ROAD**
CORRAGH
DERRYLIN
FERMANAGH
NORTHERN IRELAND
BT92 9DH

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: **13/04/1929** *Nationality:* **IRISH**

Occupation: **RETIRED**

Company Director 4

Type: **Person**

Full forename(s): **MR PEADAR**

Surname: **MCGOVERN**

Former names:

Service Address: **143 STRAGOWNA ROAD**
TONYVARNOG
KINAWLEY
FERMANAGH
NORTHERN IRELAND
BT92 4AT

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

Date of Birth: **15/08/1968** *Nationality:* **IRISH**

Occupation: **PHARMACIST**

Company Director 5

Type: **Person**

Full forename(s): **MR EDMUND PATRICK GERARD**

Surname: **ROONEY**

Former names:

Service Address: **89 MAIN STREET**
DERRYLIN
FERMANAGH
NORTHERN IRELAND
BT92 9LA

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: **28/01/1956** *Nationality:* **IRISH**

Occupation: **MANAGER**

Authorisation

Authenticated

This form was authorised by one of the following:

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