



Annual Return

Company Name: **GROVE MANSIONS (ABERGAVENNY) LIMITED**

Company Number: **05485147**



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X5BIHMMG

Company Name: **GROVE MANSIONS (ABERGAVENNY) LIMITED**

Company Number: **05485147**

Date of this return: **20/06/2016**

Sic Codes: **98000**

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

Situation of **GROVE MANSIONS 24 LANSDOWN ROAD ABERGAVENNY**

Registered Office: **MONMOUTHSHIRE**

NP7 6AN

Officers of the company

Company Secretary 1

Type: **Person**
Full Forename(s): **JAYNE**
Surname: **HAYCOCK**
Service Address: **GROVE MANSIONS ABERGAVENNY 24 LANSDOWN ROAD
NP7 6AN**

Company Director 1

Type: **Person**
Full Forename(s): **LEWIS JAMES**
Surname: **DAVIES**
Service Address: **FLAT 4 GROVE MANSIONS ABERGAVENNY 24 LANSDOWN ROAD
NP7 9NA**

Country/State **UNITED KINGDOM**
Usually Resident:
Date of Birth: ****/08/1977** Nationality: **BRITISH**
Occupation: **BANK
MANAGER**

Company Director 2

Type: **Person**
Full Forename(s): **JAYNE**
Surname: **HAYCOCK**
Service Address: **GROVE MANSIONS ABERGAVENNY 24 LANSDOWN ROAD
NP7 6AN**

Country/State **UNITED KINGDOM**
Usually Resident:
Date of Birth: ****/10/1956** Nationality: **BRITISH**
Occupation: **EDUCATION
MANAGER**

Company Director 3

Type: **Person**
Full Forename(s): **MALCOLM JOHN**
Surname: **HAYCOCK**
Service Address: **5 GROVE MANSIONS ABERGAVENNY 24 LANSDOWN ROAD
NP7 9NA**

Country/State **UNITED KINGDOM**

Usually Resident:

Date of Birth: ****/11/1952**

Nationality: **BRITISH**

Occupation: **ENGINEER**

Company Director 4

Type: **Person**
Full Forename(s): **MRS ELIZABETH CAROL**
Surname: **HUMPHRYS**
Service Address: **recorded as Company's registered office**

Country/State **GREAT BRITAIN**

Usually Resident:

Date of Birth: ****/03/1959**

Nationality: **BRITISH**

Occupation: **LA OFFICER**

Company Director 5

Type: **Person**
Full Forename(s): **MS PATRICIA MARGARET**
Surname: **MORGAN**
Service Address: **FLAT 2 GROVE MASIONS ABERGAVENNY 24 LANSDOWN ROAD
GREAT BRITAIN NP7 6AN**

Country/State **WALES**

Usually Resident:

Date of Birth: ****/10/1953**

Nationality: **WELSH**

Occupation: **PHARMACIST**

Authorisation

Authenticated

This form was authorised by one of the following:

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

