



Annual Return

Company Name: **NORTH STAFFORDSHIRE HEALTH & SAFETY GROUP**

Company Number: **04802737**



Received for filing in Electronic Format on the: **08/08/2016**

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Company Name: **NORTH STAFFORDSHIRE HEALTH & SAFETY GROUP**

Company Number: **04802737**

Date of this return: **18/06/2016**

Sic Codes: **94120**

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

Situation of **C/O C/O SHIRLEY OSOWIECKI**

Registered Office: **23 COPPLESTONE GROVE STOKE-ON-TRENT
ST3 5UD**

Officers of the company

Company Director 1

Type: **Person**
Full Forename(s): **MRS ELIZABETH**
Surname: **FARMER**
Former Names: **ELIZABETH DALE**
Service Address: **recorded as Company's registered office**

Country/State **UNITED KINGDOM**
Usually Resident:
Date of Birth: ****/04/1954** Nationality: **ENGLISH**
Occupation: **RETIRED**

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Company Director 2

Type: **Person**
Full Forename(s): **MR CARL**
Surname: **NORMAN**
Service Address: **recorded as Company's registered office**

Country/State **UNITED KINGDOM**
Usually Resident:
Date of Birth: ****/09/1967** Nationality: **ENGLISH**
Occupation: **HEALTH
& SAFETY
ADVISOR**

Company Director 3

Type: **Person**
Full Forename(s): **MRS SHIRLEY**
Surname: **OSOWIECKI**
Former Names: **KNOX SHIRLEY**
Service Address: **recorded as Company's registered office**

Country/State **UNITED KINGDOM**

Usually Resident:

Date of Birth: ****/12/1958**

Nationality: **ENGLISH**

Occupation: **HEALTH
& SAFETY
MANAGER**

Company Director 4

Type: **Person**
Full Forename(s): **MS JUDITH ANN**
Surname: **RICHARDSON**
Former Names: **GIBSON MURPHY**
Service Address: **recorded as Company's registered office**

Country/State **ENGLAND**

Usually Resident:

Date of Birth: ****/06/1969**

Nationality: **BRITISH**

Occupation: **COMPANY
DIRECTOR**

Company Director 5

Type: **Person**
Full Forename(s): **MR JOHN WILLIAM**
Surname: **SUMMERFIELD**
Service Address: **recorded as Company's registered office**

Country/State **ENGLAND**

Usually Resident:

Date of Birth: ****/12/1943**

Nationality: **BRITISH**

Occupation: **MANAGING
DIRECTOR**

Company Director 6

Type: **Person**
Full Forename(s): **MR STEPHEN JOHN**
Surname: **MULLOCK**
Service Address: **1 HOPTON WAY STOKE-ON-TRENT
ENGLAND ST6 6UF**

Country/State **ENGLAND**

Usually Resident:

Date of Birth: ****/11/1954**

Nationality: **BRITISH**

Occupation: **HEALTH
& SAFETY
PROFESSIONAL**

Company Director 7

Type: **Person**
Full Forename(s): **MR KEVIN VINCENT**
Surname: **LOCKE**
Service Address: **34 EAST LAWNS CREWE BETLEY
ENGLAND CW3 9AG**

Country/State **ENGLAND**

Usually Resident:

Date of Birth: ****/06/1962**

Nationality: **BRITISH**

Occupation: **HEALTH
& SAFETY
PROFESSIONAL**

Company Director 8

Type: **Person**
Full Forename(s): **MR VINCE**
Surname: **BASHFORD**
Service Address: **4 LABURNUM ROAD NORTHWICH DAVENHAM
ENGLAND CW9 8HR**

Country/State **ENGLAND**

Usually Resident:

Date of Birth: ****/09/1950**

Nationality: **BRITISH**

Occupation: **RETIRED**

Authorisation

Authenticated

This form was authorised by one of the following:

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

