



Companies House

AR01 (ef)

Annual Return



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Company Name: **FOXTANGLEY LTD**

Company Number: **08415529**

Date of this return: **22/02/2016**

SIC codes: **56302**

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

Situation of Registered Office: **THE FOX INN TANGLEY
ANDOVER
HAMPSHIRE
SP11 0RU**

Officers of the company

Company Director **1**

Type: **Person**

Full forename(s): **MR MATTHEW JAMES**

Surname: **NICOL**

Former names:

Service Address: **THE FOX INN THE FOX INN
TANGLEY
ANDOVER
HAMPSHIRE
ENGLAND
SP11 0RU**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/03/1968** *Nationality:* **BRITISH**

Occupation: **GENERAL MANAGER**

Company Director 2

Type: **Person**

Full forename(s): **MR JAMES MICHAEL**

Surname: **REILLY**

Former names:

Service Address: **221 HAREFIELD ROAD
UXBRIDGE
MIDDLESEX
ENGLAND
UB8 1PP**

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

Date of Birth: ****/07/1955**

Nationality: **BRITISH**

Occupation: **DIRECTOR**

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

EACH SHARE HAS FULL RIGHTS IN THE COMPANY WITH RESPECT TO VOTING, DIVIDENDS AND DISTRIBUTIONS.

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 22/02/2016 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 : **2 ORDINARY shares held as at the date of this return**

Name: **JAMES MICHAEL REILLY**

Name: **MATTHEW NICOL**

Authorisation

Authenticated

This form was authorised by one of the following:

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