



**Companies House**  
— for the record —

# AR01 (ef)

## Annual Return



X19IT5F6

Received for filing in Electronic Format on the: **23/05/2012**

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*Company Name:* **LOWER MACHEN FESTIVAL**

*Company Number:* **03739816**

*Date of this return:* **24/03/2012**

*SIC codes:* **90010**

*Company Type:* **Private company limited by guarantee exempt under section 60**

*Situation of Registered Office:* **C/O GAVIN DAVIDSON  
GEDRYS FARM MAIN ROAD  
GWAELOD-Y-GARTH  
CARDIFF  
CARDIFF  
UNITED KINGDOM**

## Single Alternative Inspection Location (SAIL)

*The address for an alternative location to the company's registered office for the inspection of registers is:*

C/O GAVIN DAVIDSON  
GEDRYS FARM MAIN ROAD  
GWAELOD-Y-GARTH  
CARDIFF  
UNITED KINGDOM  
CF15 9HJ

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*The following records have moved to the single alternative inspection location:*

Register of directors (section 162)

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### Officers of the company

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*Company Director* 1

*Type:* Person  
*Full forename(s):* MR GAVIN LINDSAY

*Surname:* DAVIDSON

*Former names:*

*Service Address recorded as Company's registered office*

*Country/State Usually Resident:* UNITED KINGDOM

*Date of Birth:* 04/01/1959      *Nationality:* BRITISH

*Occupation:* FINANCE DIRECTOR

*Company Director* 2

*Type:* **Person**  
*Full forename(s):* **MARGARET JEAN**

*Surname:* **EVANS**

*Former names:*

*Service Address:* **THE COTTAGE  
LOWER MACHEN  
NEWPORT  
NP10 8GU**

*Country/State Usually Resident:* **WALES**

*Date of Birth:* **08/10/1944**                      *Nationality:* **BRITISH**  
*Occupation:* **HOUSEWIFE**

*Company Director* 3

*Type:* **Person**  
*Full forename(s):* **NICHOLAS**

*Surname:* **HALE**

*Former names:*

*Service Address recorded as Company's registered office*

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

*Date of Birth:* **14/08/1952**                      *Nationality:* **BRITISH**

*Occupation:* **COMPANY DIRECTOR**

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*Company Director* 4

*Type:* **Person**  
*Full forename(s):* **PETER ROLAND JOHN**

*Surname:* **WHITTAKER**

*Former names:*

*Service Address:* **3 CWM FEDW  
MACHEN  
CAERPHILLY  
MID GLAMORGAN  
CF83 8QD**

*Country/State Usually Resident:* **WALES**

*Date of Birth:* **26/08/1947** *Nationality:* **BRITISH**

*Occupation:* **SCHOOL TEACHER**

### *Authorisation*

*Authenticated*

*This form was authorised by one of the following:*

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