



State of New Hampshire

2010 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2010

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/12/2010

Business ID: 419672

William M. Gardner

Secretary of State

1 BEECH STREET PROPERTY MANAGEMENT, LLC

104 KENT PLACE, PO BOX 244

NEWMARKET, NH 03857

ADDRESS OF PRINCIPAL OFFICE:

104 KENT PLACE, PO BOX 244

NEWMARKET, NH 03857

REGISTERED AGENT AND OFFICE:

LOWN, BRADLEY M, ESQ

439 MIDDLE STREET

PORTSMOUTH, NH 03801

ENTITY TYPE: LLC

BUSINESS ID: 419672

STATE OF DOMICILE: NEW HAMPSHIRE

REAL ESTATE

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. **Amos M Blanchard**
STREET **104 Kent Place**
Po Box 244
CITY/STATE/ZIP **Newmarket Nh 03857**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Amos M Blanchard

Please print name and title of signer:

Amos M Blanchard

/

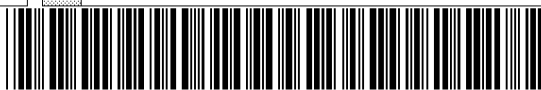
MANAGER

NAME

TITLE

FEE DUE: **\$100.00**

E-MAIL ADDRESS (OPTIONAL):



041967220101003

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

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