



# State of New Hampshire 2010 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

**REPORT DUE BY April 1, 2010**

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

Filed  
Date Filed: 02/26/2010  
Business ID: 135947  
William M. Gardner  
Secretary of State

BEACON HOTEL ASSOCIATES, INC.

**459 LAFAYETTE ROAD  
HAMPTON, NH 03842**

ADDRESS OF PRINCIPAL OFFICE:

REGISTERED AGENT AND OFFICE:

**SAARI, PETER J, ESQ  
459 LAFAYETTE ROAD  
HAMPTON, NH 03842**

ENTITY TYPE: CORPORATION

BUSINESS ID: 135947

STATE OF DOMICILE: NEW HAMPSHIRE

DEAL IN REAL & PERSONAL PROPERTY

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 **105 Ocean Blvd, Hampton Beach, NH 03842**

PO Box is acceptable.

### OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. **Michael A Fallas**  
STREET **105 Ocean Blvd**  
CITY/STATE/ZIP **Hampton Nh 03842**  
SEC'Y. **Peter Saari**  
STREET **459 Lafayette Rd**  
CITY/STATE/ZIP **Hampton Nh 03842**  
V-PRES. **Issac Capuano**  
STREET **245 Ocean Blvd**  
CITY/STATE/ZIP **Hampton Nh 03842**  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

### BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. **Michael Fallas**  
STREET **105 Ocean Blvd**  
CITY/STATE/ZIP **Hampton Nh 03842**  
DIR. **Isaac Capuano**  
STREET **245 Ocean Blvd**  
CITY/STATE/ZIP **Hampton Nh 03842**  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

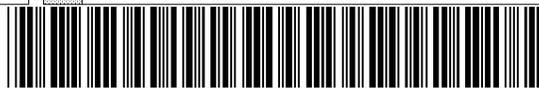
Sign here: **Michael A Fallas**

Please print name and title of signer: **Michael A Fallas** / **PRESIDENT**

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



013594720101003

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:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529