State of New Hampshire
2015 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, 2015

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

Filed

Date Filed: 02/17/2015

Business ID: 414571

William M. Gardner

Secretary of State

A BETTER WAY FOR SENIORS, INC.

PIERCE ATWOOD LLP, 1 NEW HAMPSHIRE AVE 350
PORTSMOUTH, NH 03801

ENTITY TYPE: CORPORATION

BUSINESS ID: 414571

STATE OF DOMICILE: NEW HAMPSHIRE

AT-HOME PERSONAL SERVICES TO SENIOR CITIZENS, OTHER THAN MEDICAL CARE

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ADDRESS OF PRINCIPAL OFFICE:
10 VAUGHAN MALL, STE. #9
PORTSMOUTH, NH 03810

REGISTERED AGENT AND OFFICE:
ROBINSON, DENIS O, ESQ
PIERCE ATWOOD LLP, 1 NEW HAMPSHIRE AVENU
PORTSMOUTH, NH 03801

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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.

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OFFICERS — **A**

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

PRES.	**Lisa E. Ganem**
STREET	**10 Vaughan Mall, Ste. 9**
CITY/STATE/ZIP	**Portsmouth Nh 03801**
TREAS.	**Lisa E. Ganem**
STREET	**10 Vaughan Mall, Ste. 9**
CITY/STATE/ZIP	**Portsmouth Nh 03801**
SEC'Y.	**Lisa E. Ganem**
STREET	**10 Vaughan Mall, Ste. 9**
CITY/STATE/ZIP	**Portsmouth Nh 03801**
V-PRES.	**Edward J. Ganem**
STREET	**10 Vaughan Mall, Ste. 9**
CITY/STATE/ZIP	**Portsmouth Nh 03801**

BOARD OF DIRECTORS — **B**

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

DIR.	**Lisa E. Ganem**
STREET	**10 Vaughan Mall, Ste. 9**
CITY/STATE/ZIP	**Portsmouth Nh 03801**
DIR.	**Edward J. Ganem**
STREET	**10 Vaughan Mall, Ste. 9**
CITY/STATE/ZIP	**Portsmouth Nh 03801**
NAME	
STREET	
CITY/STATE/ZIP	
NAME	
STREET	
CITY/STATE/ZIP	

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

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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: **David Johnson**

Please print name and title of signer: **David Johnson** / **AUTHORIZED PARTY**

NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

041457120151001

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, 107 N. Main St., Room 204, Concord, NH 03301