



# State of New Hampshire 2006 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, 2006

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

Filed  
Date Filed: 03/16/2006  
Business ID: 92653  
William M. Gardner  
Secretary of State

NEW HAMPSHIRE NORTHCOAST CORP.

RT 16  
OSS�PEE, NH 03864

ADDRESS OF PRINCIPAL OFFICE:

RT 16  
OSS�PEE, NH 03864

REGISTERED AGENT AND OFFICE:

ARI B POLLACK ESQ  
214 NORTH MAIN STREET  
CONCORD, NH 03302

ENTITY TYPE: CORPORATION

BUSINESS ID: 92653

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 020397666

TO ACQUIRE, MAINTAIN & OPERATE ANY EXIST- ING LINE OF  
RAILROAD IN/ADJACENT TO N.H.

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.

### OFFICERS

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

PRES. **Gary Hogg**  
STREET **ROUTE 16**  
CITY/STATE/ZIP **Ossipee NH 03864**  
TREAS. **Jeanne-Marie Boylan**  
STREET **100 N. WASHINGTON STREET, 2ND FLOOR**  
CITY/STATE/ZIP **Boston MA 02114**  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

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### BOARD OF DIRECTORS

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

DIR. **Jeanne-Marie Boylan**  
STREET **100 N. WASHINGTON STREET, 2ND FLOOR**  
CITY/STATE/ZIP **Boston MA 02114**  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

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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: **JEANNE-MARIE BOYLAN**

Please print name and title of signer: **JEANNE-MARIE BOYLAN** / **TREASURER**

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): \_\_\_\_\_



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