



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: 04/01/2006
Business ID: 196115
William M. Gardner
Secretary of State

BEAUPRE ILLUSTRATION & DESIGN INC.

239 CAMELOT SHORE DR
FARMINGTON, NH 03835

ADDRESS OF PRINCIPAL OFFICE:

239 CAMELOT SHORE DR
FARMINGTON, NH 03835

REGISTERED AGENT AND OFFICE:

JUDITH BEAUPRE
9 WILSON ST
ROCHESTER, NH 03867

ENTITY TYPE: CORPORATION

BUSINESS ID: 196115

STATE OF DOMICILE: NEW HAMPSHIRE

ADVERTISING AGENCY

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. **Judith Elaine Beaupre**
STREET **239 Camelot Shore Dr**
CITY/STATE/ZIP **Farmington Nh 03835**
V-PRES. **Richard, Sr Lawrence Beaupre**
STREET **239 Camelot Shore Dr**
CITY/STATE/ZIP **Farmington Nh 03835**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

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

DIR. **Judith Elaine Beaupre**
STREET **239 Camelot Shore Dr**
CITY/STATE/ZIP **Farmington Nh 03835**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
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: **JUDITH ELAINE BEAUPRE**

Please print name and title of signer: **JUDITH ELAINE BEAUPRE** / **PRESIDENT**

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