



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |             |                                                   |                                                                     |                        |                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------|---------------------------------------------------------------------|------------------------|---------------------------|
| 1. Corporate ID No.<br>120458                                                                                                                              |             | 2. Name of Corporation<br>Cumberland Mendon Corp. |                                                                     |                        |                           |
| 3. Street Address Principal Business Office<br>50 Franklin Street                                                                                          |             |                                                   | City<br>Boston                                                      | State<br>MA            | Zip<br>02110              |
| 4. Business Phone No.<br>(617) 542-8905                                                                                                                    |             | 5. State of Incorporation<br>Massachusetts        |                                                                     |                        |                           |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>To be a general partner in Cumberland Place Limited Partnership             |             |                                                   |                                                                     |                        |                           |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                                   |                                                                     |                        |                           |
| President Name<br>Edward M. Doherty                                                                                                                        |             |                                                   | Vice President Name<br>None                                         |                        |                           |
| Street Address<br>50 Franklin Street                                                                                                                       |             |                                                   | Street Address                                                      |                        |                           |
| City<br>Boston                                                                                                                                             | State<br>MA | Zip<br>02110                                      | City                                                                | State                  | Zip                       |
| Secretary Name<br>Edward M. Doherty                                                                                                                        |             |                                                   | Treasurer Name<br>Edward M. Doherty                                 |                        |                           |
| Street Address<br>50 Franklin Street                                                                                                                       |             |                                                   | Street Address<br>50 Franklin Street                                |                        |                           |
| City<br>Boston                                                                                                                                             | State<br>MA | Zip<br>02110                                      | City<br>Boston                                                      | State<br>MA            | Zip<br>02110              |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                                   |                                                                     |                        |                           |
| Director Name<br>Edward M. Doherty                                                                                                                         |             |                                                   | Director Name                                                       |                        |                           |
| Street Address<br>50 Franklin Street                                                                                                                       |             |                                                   | Street Address                                                      |                        |                           |
| City<br>Boston                                                                                                                                             | State<br>MA | Zip<br>02110                                      | City                                                                | State                  | Zip                       |
| Director Name                                                                                                                                              |             |                                                   | Director Name                                                       |                        |                           |
| Street Address                                                                                                                                             |             |                                                   | Street Address                                                      |                        |                           |
| City                                                                                                                                                       | State       | Zip                                               | City                                                                | State                  | Zip                       |
| 9. SHARES AUTHORIZED                                                                                                                                       |             |                                                   | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                        |                           |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. |             |                                                   | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                        |                           |
|                                                                                                                                                            |             |                                                   | Number of Shares<br>1,000                                           | Class Series<br>Common | Par Value<br>No par value |
|                                                                                                                                                            |             |                                                   |                                                                     |                        |                           |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date MAR 02 2011

Check No. 1073

By: BY

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

2/7/11

Signature Edward M. Doherty Date

Print or Type Name Edward M. Doherty

Title President