



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 2012

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. 114891		2. Name of Corporation Beacon Residential Management Corp			
3. Street Address Principal Business Office Two Center Plaza, Suite 700			City Boston	State Ma	Zip 02108
4. Business Phone No. 617-574-1100		5. State of Incorporation DE			
6. Brief Description of the Character of Business Conducted in Rhode Island To engage in the business of residential real estate management					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jeffrey Baker			Vice President Name		
Street Address Two Center Plaza, Suite 700			Street Address		
City Boston	State MA	Zip 02110	City	State	Zip
Secretary Name Kathleen M. Sheehan			Treasurer Name Timothy J Cowles		
Street Address Two Center Plaza, Suite 700			Street Address Two Center Plaza, Suite 700		
City Boston	State MA	Zip 02108	City Boston	State MA	Zip 02108
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address Two Center Plaza, Suite 700			Street Address		
City Boston	State MA	Zip 02108	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"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares 1,500.00		Class/Series CNP		Par Value \$0.00	
THIS SECTION MUST BE COMPLETED					
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.					

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
JAN 27 2012

By MNC

CD#3409715

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.

Signature

Jeffrey Baker

Print or Type Name

President

Title

1-24-12
Date

File Date

Check No.

By:

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