STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
120458	Cumberland Mendon Corp.		
3. Principal office address	City	State	Zip
50 Franklin Street	Boston	MA	02110
4. Business Phone No.	5. State of Incorporation		
(617) 542-8905	Massachusetts		

6. Brief description of the character of business conducted in Rhode Island
To be a general partner in Cumberland Place Limited Partnership

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Edward M. Doherty	50 Franklin Street	Boston	MA	02110

Vice-President Name	Street Address	City	State	Zip
None				

Secretary Name	Street Address	City	State	Zip
Edward M. Doherty	50 Franklin Street	Boston	MA	02110

Treasurer Name	Street Address	City	State	Zip
Edward M. Doherty	50 Franklin Street	Boston	MA	02110

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Edward M. Doherty	50 Franklin Street	Boston	MA	02110
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	Common	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
JAN 19 2016
BY

File Date _____
Check No _____
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.

01/14/2016
Signature of Authorized Representative — Date

Edward M. Doherty, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012