State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP
FOR SECRETARY OF STATE USE ONLY

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
39878	Beacon Rock Properties, Inc.

3. Principal Office Address	City	State	Zip
PO Box 19005	Johnston	RI	02919

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
53 - Real Estate and Rental and	Ownership and maintenance of industrial and commercial real estate.
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: George H. Hebert			Vice-President Name: Alfred J. Desrochers		
Street Address: PO Box 19005			Street Address: PO Box 19005		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919
Secretary Name: Paul A. Anderson			Treasurer Name: George H. Hebert		
Street Address: 49 Weybosset Street			Street Address: PO Box 19005		
City: Providence	State: RI	Zip: 02903	City: Johnston	State: RI	Zip: 02919

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: George H. Hebert			Director Name: Paul A. Anderson		
Street Address: PO Box 19005			Street Address: 49 Weybosset Street		
City: Johnston	State: RI	Zip: 02919	City: Providence	State: RI	Zip: 02903
Director Name: Alfred J. Desrochers			Director Name:		
Street Address: PO Box 19005			Street Address:		
City: Johnston	State: RI	Zip: 02919	City:	State:	Zip:

9. Shares Authorized — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1591	Class A/Series 1	$.01

11. 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.

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.

Name of Authorized Representative	Date
Paul A. Anderson, Secretary	February 14, 2017

Signature of Authorized Representative: Paul A. Anderson SIGN DOCUMENT HERE Secretary

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
FEB 27 2017
BY 135305

FORM 630 - Revised: 02/2017