



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

STAMP

Annual Report for the year: 2015
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 795104		2. Exact name of the Corporation Beacon Funding Corporation			
3. Principal Office Address 3400 Dundee Rd, Suite 180			City Northbrook	State IL	Zip 60062
4. NAICS Code 532490		6. Brief description of the character of business conducted in Rhode Island Equipment Leasing and Financing			
5. State of Incorporation Illinois					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Samuel N. Oliva			Vice-President Name Samuel N. Oliva		
Street Address 3400 Dundee Rd, Suite 180			Street Address 3400 Dundee Rd, Suite 180		
City Northbrook	State IL	Zip 60062	City Northbrook	State IL	Zip 60062
Secretary Name Samuel N. Oliva			Treasurer Name None		
Street Address 3400 Dundee Rd, Suite 180			Street Address		
City Northbrook	State IL	Zip 60062	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Samuel N. Oliva			Director Name Toby J. McDonough		
Street Address 3400 Dundee Rd, Suite 180			Street Address 3400 Dundee Rd, Ste 180		
City Northbrook	State IL	Zip 60062	City Northbrook	State IL	Zip 60062
Director Name William F. Magner Jr.			Director Name None		
Street Address 28 Lord Rd, Suite 230			Street Address		
City Marlborough	State MA	Zip 01752	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		Common	\$1
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. <i>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.</i>					
Name of Authorized Representative Aaron J. Massie				Date 2/16/2018	
Signature of Authorized Representative <i>(Signature)</i>				FILED	
SIGN DOCUMENT HERE				FEB 20 2018	

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