



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

FILED

FEB 28 2019
 STAMP

BY 391

Annual Report for the year: 2019
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 2133		2. Exact name of the Corporation BEACON ONE, INC.			
3. Principal Office Address 1048 EAST MAIN ROAD, SUITE 2			City PORTSMOUTH	State RI	Zip 02871
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island GENERAL REAL ESTATE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID B. HAYES			Vice-President Name DAVID B. HAYES		
Street Address 111 SUNSET ROAD			Street Address 111 SUNSET ROAD		
City CARLISLE	State MA	Zip 01741	City CARLISLE	State MA	Zip 01741
Secretary Name DAVID B. HAYES			Treasurer Name DAVID B. HAYES		
Street Address 111 SUNSET ROAD			Street Address 111 SUNSET ROAD		
City CARLISLE	State MA	Zip 01741	City CARLISLE	State MA	Zip 01741
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR
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 DAVID B. HAYES, PRESIDENT					Date 2/23/19
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

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