

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005
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Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 95744 CORCORAN MANAGEMENT COMPANY, INC Sincy Address Principal Business Office 100 Grandview Road, Suite 207 State Braintree MA 02184 4 Business Phone No. 5. State of Incorporation 6. SIC Code 781-849-0011 5579 **MASSACHUSETTS** 7. Brief Description of the Character of Business Conducted in Rhode Island TO MANAGE REAL ESTATE. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) XXX FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Peter J. Blampied Richard J. High Street Address Street Address 100 Grandview Road, Suite 207 100 Grandview Road, Suite 207 State Zip State ZID 02184 Braintree MA 02184 xxxxxxxx Asst. Treasurer/Asst. Clerk Treasurer Name & Clerk Karen A. Sjoquist Lawrence J. Murphy Street Address Street Address 100 Grandview Road, Suite 207 100 Grandview Road, Suite 207 State State Braintree MA 02184 Braintree 02184 MA 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) XXX FILL IN SPACES BEFORE USING ATTACHMENTS John M. Corcoran, Jr. Thomas M. Corcoran Street Address Street Address 100 Grandview Road, Suite 207 100 Grandview Road, Suite 207 ^{Ζίρ} 02184 MΑ Braintree MA 02184 Braintree Director Name Director Name Leo J. Corcoran John F. Corcoran Street Address Street Address 100 Grandview Road, Suite 207 100 Grandview Road, Suite 207 City State 02184 Braintree MA Braintree MA 02184 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Cluss/Series Par Value Number of Shares Class/Scrics Par Value Voting Common 12,500 COMM \$0.01 PAR VALUE 2000 \$20.00 Class A Non:Voting 200,000 shares - no par value 18000 None Class B This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. 1-31-05 Signature of Office Lawrence J. Print or Type Name of Officer Treasurer/Clerk

Title of Officer

CORCORAN MANAGEMENT COMPANY, INC. CORPORATE ID NO. 95744

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Names/Addresses of the Officers: (continued from first page)

Vice-President Carol MacDonald 100 Grandview Road, Suite 207 Braintree, MA 02184

Vice-President Kevin S. Young 100 Grandview Road, Suite 207 Braintree, MA 02184



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

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e 207	
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ATTACHME	ν <i>τ</i>) []
·	Par Value
Common	
A ting	\$20.00
ting B	None
	eiver or Trustee
	have examined this repor
es and stateme	nts, and that all statement
	9/17/11
	2/1/19

I , Corporate ID No. 95744	1 '	2. Name of Corporation CORCORAN MANAGEMENT COMPANY, INC.				
3. Street Address Principal Bus	siness Office	MANAGEMENT CUMPA	City	State	Zip	
100 Grandview R			Braintree	MA MA	02184	
4. Business Phone No		5. State of Incorporatio			6. SIC Code	
781-849-0011		MASSACHUSE			5579	
7. Brief Description of the Cha	racter of Business Conducted	I in Rhode Island	113		1 33.3	
TO MANAGE REAL						
3. NAMES AND ADDRE	SSES OF THE OFFICE	ERS: ("X" BOX FOR AT	TACHMENT) XXFILL IN	SPACES BEFORE USING A	TTACHMENTS	
President Name		•	Vice President Name			
Peter J. Blampi	ied		Richard J. Hig	th .		
Street Address			: Street Address	,		
100 Grandview R	Road, Suite 207		•	Road, Suite 207		
City	State	Zip	City	State	Zip	
Braintree	MA	02184	Braintree	MA	02184	
୨୦୦୦୦୦୦୦ Asst.Tr			Treasurer Name & Cler			
Karen A. Sjoqui			Lawrence J. Mu			
Street Address	· -		Street Address	<u> </u>		
100 Grandview Road, Suite 207		100 Grandview Road, Suite 207				
City	State	Zip	: City	State	Zip	
Braintree	MA	02184	Braintree	MA	02184	
. NAMES AND ADDRE	SSES OF THE DIREC	TORS: ("X" BOX FOR A	ATTACHMENT) 🔲 FILL	IN SPACES BEFORE USING	ATTACHMENTS	
Director Name			Director Name			
John M. Corcora	ın, Jr.		Thomas M. Coro	oran		
Street Address			Street Address			
100 Grandview R	Road, Suite 207	1	100 Grandview	Road, Suite 207		
City	State	Zip	City	State	Zip	
Braintree	MA	02184	Braintree	MA	02184	
Director Name	Director Name			••••••		
Leo J. Corcorar	1		John F. Corcor	John F. Corcoran		
Sirvet Address	<u> </u>		Street Address			
100 Grandview Road, Suite 207		100 Grandview	Road, Suite 207			
Cuy	State	7.ip	City	State	Zip	
Braintree	MA	02184	Braintree	MA	02184	
10. SHARES AUTHORI	ZED ("X" BOX FOR	ATTACHMENT) 📋	11. SHARES ISSUED	("X" BOX FOR ATTACHM	ENT)	
AUTHORIZED SHARES			ISSUED SHARES		_	
r of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
				Voting Common		
12,500 COMM \$0.01 PA	AR VALUE		2000	Class A	\$20.00	
202 032 5		<u> </u>	10000	Non-Voting	,	
700 000 Charac	- No par value	2	18000	Class B	None	

	-9-5-7-4-4-
File Date	2/19/04
Check No.	382258
<i>B</i> y:	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm including any accompanying schedules and st contained herein are talk and correct.	
Signature of Officer	2/17/04
Lawrence J. Murphy	'Dat €
Print or Type Name of Officer	
Treasurer/Clerk	
Title of Officer	

CORCORAN MANAGEMENT COMPANY, INC. CORPORATE ID NO. 95744

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Names/Addresses of the Officers: Continued from first page:

Vice-President Carol MacDonald 100 Grandview Road, Suite 207 Braintree, MA 02184

Vice-President Kevin S. Young 100 Grandview Road, Suite 207 Braintree, MA 02184

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence. RI 02903-1335 401-222-3040

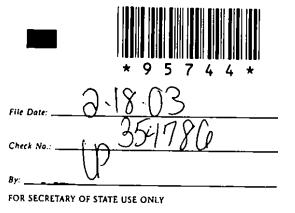
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 95744 CORCORAN MANAGEMENT COMPANY, INC. 3. Street Address Principal Business Office State Zip 100 Grandview Road, Suite 207 Braintree MA 02184 4. Business Phone No S. State of incorporation 6. SIC Code 781-849-0011 **MASSACHUSETTS** 5579 7. Brief Description of the Character of Business Conducted in Rhode Island Manages apartment complex in Johnston, RI called Arbor Hill Apartments. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) XFILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Peter J. Blampied Richard J. High Street Address Street Address 100 Grandview Road, Suite 207 100 Grandview Road, Suite 207 City Braintree **02184** Braintree xxxxxxxxxxxAsst.Treasurer/Asst.Clerk Name: Treasurer Name & Clerk Name: Karen A. Sjoquist Lawrence J. Murphy Street Address Street Address 100 Grandview Road, Suite 207 100 Grandview Road, Suite 207 State Braintree MA 02184 Braintree MA 02184 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name John M. Corcoran, Jr. Thomas M. Corcoran Street Address Street Address 100 Grandview Road, Suite 207 100 Grandview Road, Suite 207 Braintree 02184 Braintree MA 02184 Director Name Director Name Leo J. Corcoran John F. Corcoran Street Address Street Address 100 Grandview Road, Suite 207 100 Grandview Road, Suite 207 State City State Braintree MA 02184 Braintree MA 02184 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 12,500 COMM \$0.01 PAR VALUE 2000 Voting Common Class A \$20.00 200,000 Shares - No par value 18000 Non-Voting Class B None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

<200 s



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 of Officer

Lawrence J. Murphy

Print or Type Name of Officer

Treasurer/Clerk

Title of Officer

Form 630 12/02

CORCORAN MANAGEMENT COMPANY, INC. CORPORATE ID NO. 95744

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Names/Addresses of the Officers: Continued from First Page:

Vice-President

- Address

Carol MacDonald 100 Grandview Road, Suite 207 Braintree, MA 02184

Vice-President

Kevin Young 100 Grandview Road, Suite 207 Braintree, MA 02184

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP PLEASE READ INSTRUCTIONS

	riling ree: \$50.00			INSTRI
		Y INC		
ffice	MANUELIEN COM AN	city Braintree	State MA	21p 02184
	5. State of Incorporation MASSACHUSET			6. SIC Code 5579
		led Arbor Hill Ap	partments.	
ES OF THE OFFIC	ERS (*X* BOX FOR ATTAC	Vice President Name		ENTS
i, Suite 207		sireet Address 100 Grandview	Road, Suite 207	
State MA Tran/Asst Cla	Zip 02184 ark Name (Braintree	State MA Nume:	02184
irer/Asst.ere	TR Halle.			
I, Suite 207		Street Address		
State MA	zip 02184	City Rraintree	State MA	Zip 02184
			· - ·	
.5 OF THE DIKE	STORS (A BOX TOX ALL	Director Name	ces ma one conto al mon	
			oran, Jr.	
1 Suite 207			r Pond Suite 207	
	Zin			Zip
MA	02184	Braintree	MA	02184
	• • • • • • • • • • • • • • • • • • • •	Director Name	•• •• •	
			rcoran	
1 Cuita 207		_	. Dood Cuito 207	
	Zio			Zip
MA	02184	Braintree	MA	02184
("X" BOX FOR ATTAC	CHMENT)		("X" BOX FOR ATTACHMENT)	
Class/Series	Par Value	Number of Shares	Class/Series	Par Value
AL		2000 Vot	ing Common Class A	\$20.00
No par value		18000 Non	-Voting Class B	None
	CORCORAN N CORCORAN N Corporation Corcoran N Complex in J Complex i	CORCORAN MANAGEMENT COMPAN (fice Suite 207 S. State of Incorporation MASSACHUSET (final final	CORCORAN MANAGEMENT COMPANY, INC. (fice Corcoran Management Company, Inc. (fice Suite 207 Braintree 5. State of Incorporation MASSACHUSETTS (fusiness Conducted in Rhode Island Complex in Johnston, RI called Arbor Hill Ap ES OF THE OFFICERS ("x" BOX FOR ATTACHMENT) XXFILL IN SPACE Vice President Name Richard J. Hi Street Address 100 Grandview City MA 02184 Braintree Lawrence J. Mt. Street Address 100 Grandview City MA 02184 Braintree ES OF THE DIRECTORS ("x" BOX FOR ATTACHMENT) XXFILL IN SPACE Street Address 100 Grandview City Braintree Director Name John M. Corco Street Address 100 Grandview City Braintree Director Name Thomas M. Corco Street Address 100 Grandview City Braintree Director Name Thomas M. Corco Street Address 100 Grandview City Braintree Director Name Thomas M. Corco Street Address 100 Grandview City Braintree Director Name Thomas M. Corco Street Address 100 Grandview City Braintree Director Name Thomas M. Corco Street Address 100 Grandview City Braintree Director Name Thomas M. Corco Street Address 100 Grandview City Braintree Director Name Thomas M. Corco Street Address 100 Grandview City Braintree Director Name Thomas M. Corco Street Address 100 Grandview City Braintree Director Name Thomas M. Corco Street Address 100 Grandview City Braintree Director Name Thomas M. Corco Street Address 100 Grandview City Braintree City Braintree Director Name Thomas M. Corco Street Address 100 Grandview City Braintree City City Braintree City City Braintree City City	2. Name of Corporation CORCORAN MANAGEMENT COMPANY, INC. City Braintree MA 5. State of Incorporation MASSACHUSETTS (Rusiness Conducted in Robot Histand Complex in Johnston, RI called Arbor Hill Apartments. ES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) XXFILL IN SPACES REFORE USING ATTACHM Vice President Name Richard J. High Street Address 100 Grandview Road, Suite 207 State MA O2184 Braintree MA MERCHARST. Clerk Name: Lawrence J Murphy Street Address 100 Grandview Road, Suite 207 State MA O2184 Braintree MA Street Address 100 Grandview Road, Suite 207 State MA O2184 Braintree MA ES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) XXFILL IN SPACES BEFORE USING ATTACH Director Name John M. Corcoran, Jr. Street Address 1, Suite 207 State MA O2184 Braintree MA Director Name John M. Corcoran, Jr. Street Address 100 Grandview Road, Suite 207 City Braintree MA O2184 Braintree MA Director Name Thomas M. Corcoran Street Address 100 Grandview Road, Suite 207 City State MA O2184 Braintree MA Director Name Thomas M. Corcoran Street Address 100 Grandview Road, Suite 207 City State MA O2184 Braintree MA Director Name Thomas M. Corcoran Street Address 100 Grandview Road, Suite 207 City State MA O2184 Braintree MA Director Name Thomas M. Corcoran Street Address 100 Grandview Road, Suite 207 City State State MA O2184 Braintree MA Director Name Thomas M. Corcoran Street Address 100 Grandview Road, Suite 207 City State State MA O2184 Braintree MA Director Name Thomas M. Corcoran Street Address 100 Grandview Road, Suite 207 City State MA O2184 Braintree MA Director Name Thomas M. Corcoran Street Address 100 Grandview Road, Suite 207 City State MA O2184 Braintree MA Director Name Thomas M. Corcoran Street Address 100 Grandview Road, Suite 207 City State MA O2184 Braintree MA Director Name Thomas M. Corcoran Street Address 100 Grandview Road, Suite 207 City State MA O2184 Braintree MA Director Name Thomas M. Corcoran Street Address 100 Grandview Road MA City MA O2184 Braintree MA DIRECTOR MA

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



2.27.02

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 companied herein are true and cofrect.

that an statements companied notall are true and correct

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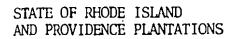
Lawrence J. Murphy

Print or Type Name of Officer
Treasurer/Clerk

Title of Officer

₹> 5

Ferm 630 12/01



CORCORAN MANAGEMENT COMPANY, INC. CORPORATE ID NO. 95744

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Names/Addresses of the Officers - Continued from First Page:

Vice-President

Carol MacDonald 100 Grandview Road, Suite 207 Braintree, MA 02184

Vice-President

Kevin Young 100 Grandview Road, Suite 207 Braintree, MA 02184

Names/Addresses of the Directors - Continued from First Page:

Leo J. Corcoran 100 Grandview Road, Suite 207 Braintree, MA 02184

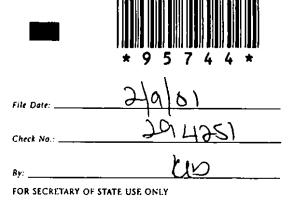


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00



FORM MUST BE TYPED IN BLA	ick)				
. Corporate ID No. 95744	2. Name of Corporati CORCORAN	on Management com	PANY, INC.		
3. Street Address Principal Business	Office		City	State	Zip
100 Grandview Ro	ad, Suite 207	•	Braintree	. MA	02184
781) 849-0011	·	5. State of Incorporation MASSACHUSI			6. SIC Code 5579
Bilef Description of the Character Manages apartmen			alled Arbor Hill	Apartments.	
B. NAMES AND ADDRES	-	•	ACHMENT) X FILL IN SPA	CES BEFORE USING ATTACHMI	ENTS
President Name Dotor I Dlamaio	۲.		- Vice President Name	12 -1.	
Peter J. Blampie	ea		Richard J. I	iign	
treet Address 100 Grandview Ro	ad Suite 207	•	Street Address	ew Road, Suite 207	
ity	State	Zip	City	State	710
Braintree	MA	02184	Braintree	MA .	21p 02184
acooccaeAsst.Treas			Treasurer Name & C]		02104
Virginia A. Olso	 		Lawrence J.		
treet Address)11		Street Address	· ····································	
100 Grandview Ro	ad. Suite 207	,	a .	ew Road, Suite 207	
City	State	Zip	City	State	Zip
Braintree	MA	02184	Braintree	MA	02184
	SES OF THE DIRE	CTORS (*X* BOX FOR A	TTACHMENT) XX FILL IN SE	PACES BEFORE USING ATTACH	MENTS
Director Name			· Director Name		
John M. Corcora	וט		John M. Coro	coran, Jr.	
itreet Address			Street Address		•
100 Grandview Ro	oad, Suite 207	7	100 Grandvie	ew Road, Suite 207	
City	State	Zip	City	State	Zip
Braintree	MA	02184	Braintree	MA	02184
P. Leo Corcoran	,	•••	Thomas M. Co	orcoran	
treet Address			Street Address		
100 Grandview Ro	oad, Suite 207	7	100 Grandvie	ew Road, Suite 207	
City	State	Zip	Clty	State	21p
Braintree	MA	02184	Braintree	MA	02184
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUE ISSUED SHARES	ED (*X* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
12,500 COMM \$0.	01 PAR VAL		2000	Voting Common Class	A \$20.00
				Non-Voting Class B	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Officer

Lawrence J. Murphy

Print or Type Name of Officer

Treasurer/Clerk

Title of Officer

CORCORAN MANAGEMENT COMPANY, INC. CORPORATE ID NO. 95744

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Names/Addresses of the Officers - Continued from First Page:

Vice-President

Vice-President

Carol MacDonald 100 Grandview Road, Suite 207 Braintree, MA 02184 Kevin Young 100 Grandview Road, Suite 207 Braintree, MA 02184

Names/Addresses of the Directors - Continued from First Page:

Leo J. Corcoran 100 Grandview Road, Suite 207 Braintree, MA 02184

1. Corporate ID No.

4. Business Phone No.

President Name

Street Address

Check No .: .

FOR SECRETARY OF STATE USE ONLY

781-849-0011

95744

Peter J. Blampied

3. Street Address Principal Business Office

100 Grandview Road, Suite 207

100 Grandview Road, Suite 207

7. Brief Description of the Character of Business Conducted in Rhode Island

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Zip

Zip 02184

02184

6. SIC Code

5579

State

MA

Braintree

Vice President Name

Street Address

Richard J. High

100 Grandview Road, Suite 207

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

CORCORAN MANAGEMENT COMPANY, INC.

Manages apartment complex in Johnston, RI called Arbor Hill Apartments.

5. State of Incorporation

MASSACHUSETTS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK)

2. Name of Corporation

Braintree	State MA	02184	Braintree	State MA	zip 02184
SCCCOCCCXAsst.Treas	surer/Asst.Cl	lerk Name	Treasurer Name & Clerk		0.2201
Virginia A. Olso Street Address 100 Grandview Ro	011	,	Lawrence J. Mu Street Address		
Braintree	State MA	^{Z/p} 02184	Braintree	State MA	02184
9. NAMES AND ADDRES Director Name John M. Corcoran	SES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) X FILL IN SPACE Director Name John M. Corcon		ACHMENTS
Street Address 100 Grandview Roa	ad, Suite 207	7	Street Address 100 Grandview	Road, Suite 20	7
Braintree	State MA	^{Zip} 02184	^{chy} Braintree	State MA	02184
P. Leo Corcoran	· •	• •• •	Director Name Thomas M. Coro	coran	
Street Address 100 Grandview Roa	ad, Suite 207	7	Street Address 100 Grandview	Road, Suite 207	
Braintree	State MA	^{Zip} 02184	^{cny} Braintree	State MA	^{zı} , 02184
10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*x* box for att	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
12,500 COMM \$0.0)1 PAR VAL		2000	Common	\$20.00
This report must be sign	i cd in ink by eit	her the President, Vic	e President, Secretary, Ass	istant Secretary, Treasu	urer, Receiver or Trustee
	5 7 4 4	 		erjury, I declare and affirn ng any accompanying sch	n that I have examined edules and statements, and
File Date: 2-2.	3-00		that all statements Signature of Officer	contained perdin are true	and correct.

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 pergin are true and correct.
Lasence hundy.
Signuture of Officer Date
Lawrence J. Murphy
Print or Type Name of Officer
Treasurer/Clerk
Title of Officer

CORCORAN MANAGEMENT COMPANY, INC. CORPORATE ID No. 95744

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Names & Addresses of the Directors - Continued from First Page:

Leo J. Corcoran 100 Grandview Road, Suite 207 Braintree, MA 02184

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

Filing Period: January 1-March 1 • Filing Fee: \$50.00

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FORM MUST BE TYPED IN BLACK					
1. Corporate ID No.	2. Name of Corporation				
95744	¿ CORCORAN M	ANAGEMENT COM			
3. Street Address Principal Business Of 100 Grandview Road			Braintree	State MA	02184
4. Business Phone No.		5. State of Incorporation			6. SIC Code
781-849-0011	<u>.</u> .	MASSACHUSET	T\$		5579
7. Brief Description of the Character of Manages apartment co			d Arbor Hill Apar	tments.	
8. NAMES AND ADDRESSE	S OF THE OFFICE	RS ("X" BOX FOR ATTAC			MENTS "
President Name Peter J. Blampied			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Street Address			: Lawrence J. Mu	rphy	
100 Grandview Road	, Suite 205		Street Address 100 Grandview	Road, Suite 207	
City	State	Zip 02104	City	State	Zip
Braintree	MA	02184	Braintree	MA	02184
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			· · · · · · · · · · · · · · · · · · ·	easurer/Asst. Cle	erk Name
Lawrence J. Murphy			Rosemary_Eacob	acci	
100 Grandview Road	Suite 207		Street Address	D 1 0 1 007	
City City	State	Zip	:_100_Grandview_	Road, Suite 207	Zip
Braintree	MA	02184	Braintree	MA MA	02184
9. NAMES AND ADDRESSE	ES OF THE DIRECT		CHARATT XX STILL IN SPACE	ES REFORE USING ATTAC	HMENTS
			COME TO LEEP IN STACE		
Director Name		TORS (A BOX FOR ATT)	Director Name		
		TORS (A BOX FOR ALL)			
Director Name John M. Corcoran Street Address	·	A BOX FOR HITE	Director Name John M. Corcor Street Address	an, Jr.	
John M. Corcoran Street Address 100 Grandview Road	, Suite 207		Director Name John M. Corcor Street Address 100 Grandview	an, Jr. Road, Suite 207	
John M. Corcoran Street Address 100 Grandview Road Gity	, Suite 207	Zip	Director Name John M. Corcor Street Address 100 Grandview City	an, Jr. Road, Suite 207	Zip
John M. Corcoran Street Address 100 Grandview Road Gtry Braintree	, Suite 207		Director Name John M. Corcor Street Address 100 Grandview City Braintree	an, Jr. Road, Suite 207	
John M. Corcoran Street Address 100 Grandview Road Gity	, Suite 207	Zip	Director Name John M. Corcor Street Address 100 Grandview City	an, Jr. Road, Suite 207 State MA	Zip
John M. Corcoran Street Address 100 Grandview Road City Braintree Director Name	, Suite 207	Zip	Director Name John M. Corcor Street Address 100 Grandview City Braintree Director Name	an, Jr. Road, Suite 207 State MA	Zip
John M. Corcoran Street Address 100 Grandview Road City Braintree Director Name P. Leo Corcoran	, Suite 207	Zip	Director Name John M. Corcor Street Address 100 Grandview City Braintree Director Name Thomas M. Corc	an, Jr. Road, Suite 207 State MA	Zip
John M. Corcoran Street Address 100 Grandview Road City Braintree Director Name P. Leo Corcoran Street Address 100 Grandview Road City	, Suite 207 State MA , Suite 207 State	Zip 02184	Director Name John M. Corcor Street Address 100 Grandview City Braintree Director Name Thomas M. Corc Street Address 100 Grandview City City City City	an, Jr. Road, Suite 207 State MA oran Road, Suite 207	21p 02184
John M. Corcoran Street Address 100 Grandview Road City Braintree Director Name P. Leo Corcoran Street Address 100 Grandview Road	, Suite 207 State MA , Suite 207	zip 02184	Director Name John M. Corcor Street Address 100 Grandview City Braintree Director Name Thomas M. Corc Street Address 100 Grandview	an, Jr. Road, Suite 207 State MA oran Road, Suite 207	02184
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File Date:	11/12,00
Check No.:	029870,7
By:	OF STATE USE ONLY
FOR SECRETARY	OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined
this report influding any accompanying schedules and statements, and
that all statements contained herein are true and correct.
SAF 11 2/1
Signature of Officer Park
Signature of Officer
Lawrence V. Murphy
Print or Type Name of Officer
Treasurer/Clerk
Thie of Officer

CORCORAN MANAGEMENT COMPANY, INC. CORPORATE ID NO. 95744

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Names & Addresses of the Directors - Continued from First Page:

Leo J. Corcoran 100 Grandview Road, Suite 207 Braintree, MA 02184

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 Filling Fee: \$50.00

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FORM MUST BE TYPED IN BE	LACKU				
I. Corporate ID No.	2. Name of Corporatio	n			<u> </u>
95744	CORCORAN	MANAGEMENT (COMPANY, INC.		
3. Street Address Principal Busine	•		City	State	ZIp
100 GRANDVIEW RO	DAD, SUTTE 205		BRAINTREE	MA	02184
1. Business Phone No. 781-849-001	11	5. State of Incorporati MASSACHU			6. SIC Code
7. Brief Description of the Charac			2		5579
			de Island called Arbo	or Hill Apartme	nts
B. NAMES AND ADDRE	-	•		or marringar and	
resident Name	0020 01 1112 01110	LRS (A BOX FOR AT)	vocaeeeeee Trea:	surer Name	
T. Robert Pickette			Lawrence J. Murphy		
treet Address			Street Address		
100 Grandview	Road, Suite 20	5	100 Grandview	w Road, Suite 2	:07
City	State	Zip	City	State	Zip
Braintree	MA	02184	Braintree	MA	02184
മ്മമായയായ Clerk Na	ame	** *	xnanacona Asst. T	reasurer/Asst.	Clerk Name
Lawrence J. M	arphy		Rosemary Eacol	bacci	
treet Address	- '		Street Address		_
	Road, Suite 20	7	100 Grandview	Road, Suite 20	17
lity Description	State	Zip 02104	City	State NAA	^{zip} 02184
Braintree	MA	02184	Braintree	MA	02184
NAMES AND ADDRE	SSES OF THE DIREC	TORS ("X" BOX FOR	NTTACHMENT) X		
Director Name John M. Corco	ran		Director Name P. Leo Corco	ran	
	ıanı		F. Leo Corco.	ומו	
treet Address 100 Grandview	Road, Suite 20	7	Street Address 100 Grandviet	w Road, Suite 2	207
City	State	Zip	City	State	Zio
Braintree	MA	02184	Braintree	MA	~~02184
Director Name		•	Director Name		• • •
John M. Corco	ran, Jr.		Thomas M. Co	rcoran	
treet Address	Donal Cuite 20	7	Street Address Grandvie	u Pond Suito 3	207
TOO PLANGAIGM	Road, Suite 20	17	TOO GLANGVIE	w Rodu, Suite 2	.07

100 Grandview Road, Suite 207 City State 02184 Braintree 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES

Number of Shares Class/Series Par Value

12,500 COMM \$0.01 PAR VAL

ESSUED SHARES Number of Shares

2000

Braintree

Class/Series

MΛ

State

Par Value

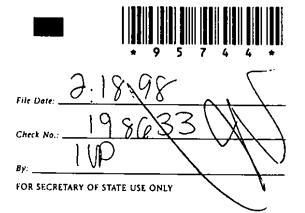
02184

Common

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

\$20

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined including any accompanying schedules and statements, and Masements contained begin as true and correct.

surer/Clerk Lawrence J.

Treasurer/Clerk

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

CORPORATION: CORCORAN MANAGEMENT COMPANY, I NC.

CORPORATE ID #: 95744

ATTACHMENT TO SECTION 9. NAMES AND ADDRESSES OF THE DIRECTORS

John F. Corcoran 100 Grandview Road, Suite 207 100 Grandview Road, Suite 207 Braintree, MA 02184 Braintree, MA 02184

Leo J. Corcoran