



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

Annual Report for the year: 2020
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 000120458		2. Exact name of the Corporation Cumberland Mendon Corp.			
3. Principal Office Address 50 Franklin Street			City Boston	State MA	Zip 02110
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island To be a General Partner in Cumberland Place Limited Partnership			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edward M. Doherty			Vice-President Name none		
Street Address 50 Franklin Street			Street Address		
City Boston	State MA	Zip 02110	City	State	Zip
Secretary Name Edward M. Doherty			Treasurer Name Edward M Doherty		
Street Address 50 Franklin Street			Street Address 50 Franklin Street		
City Boston	State MA	Zip 02110	City Boston	State MA	Zip 02110
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Edward M. Doherty			Director Name none		
Street Address 50 Franklin Street			Street Address		
City Boston	State MA	Zip 02110	City	State	Zip
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	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		PAR VALUE
			1,000.00	CNP	0.0000
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 Edward M. Doherty				Date 1/17/2020	
Signature of Authorized Representative 				FILED	

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

JAN 21 2020 *ICM*

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