



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 120458		2. Name of Corporation Cumberland Mendon Corp.			
3. Street Address Principal Business Office 50 Franklin Street			City Boston	State MA	Zip 02110
4. Business Phone No. (617) 542-8905		5. State of Incorporation MASSACHUSETTS			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island TO BE A GENERAL PARTNER IN CUMBERLAND PLACE LIMITED PARTNERSHIP					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Edward M. Doherty			Vice President Name		
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
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Edward M. Doherty			Director Name		
Street Address 50 Franklin Street			Street Address		
City Boston	State MA	Zip 02110	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,500 COMM NO PAR VALUE			1000	Common	No par

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



File Date 1/28/05  
Check No. 1004  
By: DA  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined including any accompanying schedules and statements, and that all contained herein are true and correct.

Signature of Officer [Signature] Date 1/26  
Edward M. Doherty  
Print or Type Name of Officer  
President  
Title of Officer



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1. Corporate ID No. <b>120458</b>		2. Name of Corporation <b>Cumberland Mendon Corp.</b>	
3. Street Address Principal Business Office <b>50 Franklin Street</b>		City <b>Boston</b>	State <b>MA</b>
		Zip <b>02110</b>	
4. Business Phone No. <b>(617) 542-8905</b>		5. State of Incorporation <b>MASSACHUSETTS</b>	
6. SIC Code <b>5538</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO BE A GENERAL PARTNER IN CUMBERLAND PLACE LIMITED PARTNERSHIP</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Edward M. Doherty</b>		Vice President Name <b>None</b>	
Street Address <b>50 Franklin Street</b>		Street Address	
City <b>Boston</b>	State <b>MA</b>	Zip <b>02110</b>	
Secretary Name <b>Edward M. Doherty</b>		Treasurer Name <b>Edward M. Doherty</b>	
Street Address <b>50 Franklin Street</b>		Street Address <b>50 Franklin Street</b>	
City <b>Boston</b>	State <b>MA</b>	Zip <b>02110</b>	City <b>Boston</b>
			State <b>MA</b>
			Zip <b>02110</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>Edward M. Doherty</b>		Director Name	
Street Address <b>50 Franklin Street</b>		Street Address	
City <b>Boston</b>	State <b>MA</b>	Zip <b>02110</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares
			Class/Series
			Par Value
<b>1,500 COMM NO PAR VALUE</b>			<b>1000</b>
			<b>Common</b>
			<b>No par value</b>

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



\* 1 2 0 4 5 8 \*

File Date 4-1-04

Check No. 3800

By: SC

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 contained herein are true and correct.

*[Signature]*  
Signature of Officer  
**Edward M. Doherty**

3/29/04  
Date

Print or Type Name of Officer  
**President**

Title of Officer



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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **120458** 2. Name of Corporation **Cumberland Mendon Corp.**  
3. Street Address Principal Business Office **50 Franklin Street** City **Boston** State **MA** Zip **02110**  
4. Business Phone No. **(617) 542-8905** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **5538**  
7. Brief Description of the Character of Business Conducted in Rhode Island **General partner in Cumberland Place Ltd. Ptship. formed to own, operate, maintain and lease a multi-family apartment complex known as Chimney Hill Assoc. in Cumberland, RI**

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

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**  
Director Name **Edward M. Doherty** Director Name  
Street Address **50 Franklin Street** Street Address  
City **Boston** State **MA** Zip **02110** City State Zip

Director Name  
Street Address  
City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,500	COMM NO PAR VALUE	

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1,000	Common	No par value

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



\* 1 2 0 4 5 8 \*

File Date: 2-20-03

Check No.: 0992

By: [Signature]

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 contained herein are true and correct.

Signature of Officer [Signature] Date 2/10/03

**Edward M. Doherty**

Print or Type Name of Officer

**President**

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

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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**  
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Director Name **Edward M. Doherty** Director Name  
Street Address **50 Franklin Street** Street Address  
City **Boston** State **MA** Zip **02110** City State Zip  
Director Name  
Street Address  
City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)  
AUTHORIZED SHARES ISSUED SHARES  
Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value  
**1,500 COMM NO PAR VALUE** **1,000** **Common** **No par value**

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



**FILED**

File Date: **1 FEB 28 2002**  
Check No.: **063703**  
By: **[Signature]**

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 **[Signature]** Date **2/25/02**  
**Edward M. Doherty**  
Print or Type Name of Officer  
**President**  
Title of Officer