



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 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 39962		2. Name of Corporation Beachmound Corporation			
3. Street Address Principal Business Office 50 SOUTH MAIN STREET			City PROVIDENCE	State RI	Zip 02903-
4. Business Phone No. 4012779818		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, MANAGE, HOLD, RENT, LEASE AND MAINTAIN REAL ESTATE OF ALL KINDS AND DESCRIPTIONS					
<b>OFFICERS AND ADDRESSES OF THE CORPORATION</b>					
President Name Florence S. McDonough			Vice President Name		
Street Address 145 Peruvian Avenue			Street Address		
City Palm Beach	State FL	Zip 33480	City	State	Zip
Secretary Name Timothy T. More			Treasurer Name Florence S. McDonough		
Street Address 50 South Main Street			Street Address 145 Peruvian Avenue		
City Providence	State RI	Zip 02903	City Palm Beach	State FL	Zip 33480
<b>DIRECTORS AND ADDRESSES OF THE CORPORATION</b>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>SHARES</b>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 PAR VALUE		100	Common	\$1.00

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



3 9 9 6 2

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: Timothy T. More Date: 3/11/05  
Print or Type Name of Officer: TIMOTHY T. MORE

Title of Officer

Form 630 12/01

39962 DBC 03/14/05 10:47:34 AM  
File Date: **FILED**  
Check No.: **MAR 1 2005**  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the 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

FORM MUST BE TYPED OR PRINTED IN BLACK

1. Corporate ID No. 39962 2. Name of Corporation Beachmound Corporation  
3. Street Address Principal Business Office 50 South Main Street City Providence State RI Zip 02903  
4. Business Phone No. 401.277.9818 5. State of Incorporation Rhode Island 6. SIC Code 0

7. Brief Description of the Character of Business Conducted in Rhode Island  
To own, manage, hold, rent, lease and maintain real estate of all kinds and descriptions or any other lawful activity

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

President Name Florence S. McDonough Vice President Name  
Street Address 145 Peruvian Avenue Street Address  
City Palm Beach State FL Zip 33480 City State Zip  
Secretary Name Timothy T. More Treasurer Name Florence S. McDonough  
Street Address 50 South Main Street Street Address 145 Peruvian Avenue  
City Providence State RI Zip 02903 City Palm Beach State FL Zip 33480

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Street Address City State Zip  
Director Name Street Address City State Zip  
Director Name Street Address 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  
8,000 \$1.00 Par Value  
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES  
Number of Shares Class/Series Par Value  
100 Common \$1.00

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

FILED

File Date: SEP 13 2004

Check No.: BY 4389

By: 600

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 Timothy T. More  
Florence S. McDonough

Print or Type Name of Officer

President Secretary

Title of Officer

Date: Sept. 10, 2004



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the 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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 39962 2. Name of Corporation Beachmound Corporation  
3. Street Address Principal Business Office 50 South Main Street City Providence State RI Zip 02903  
4. Business Phone No. 401.277.9818 5. State of Incorporation Rhode Island 6. SIC Code 0

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

To own, manage, hold, rent, lease and maintain real estate of all kinds and descriptions or any other lawful activity

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

President Name Florence S. McDonough Vice President Name  
Street Address 145 Peruvian Avenue Street Address  
City Palm Beach State FL Zip 33480 City State Zip  
Secretary Name Timothy T. More Treasurer Name Florence S. McDonough  
Street Address 50 South Main Street Street Address 145 Peruvian Avenue  
City Providence State RI Zip 02903 City Palm Beach State FL Zip 33480

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Street Address City State Zip  
Director Name Street Address City State Zip  
Director Name Street Address 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  
8,000 \$1.00 Par Value

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
100 Common \$1.00

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

FILED

File Date: JUL 28 2003

Check No.: By C2489A

By: C2489A

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.

Florence S. McDonough 7/1/03  
Signature of Officer Date

Florence S. McDonough  
Print or Type Name of Officer  
President

Title of Officer



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

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **39962** 2. Name of Corporation **Beachmound Corporation**  
3. Street Address Principal Business Office **50 South Main Street** City **Providence** State **RI** Zip **02903**  
4. Business Phone No. **401.277.9818** 5. State of Incorporation **Rhode Island** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**To own, manage, hold, rent, lease and maintain real estate of all kinds and descriptions or any other lawful activity**

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

President Name <b>Florence S. McDonough</b>	Vice President Name
Street Address <b>145 Peruvian Avenue</b>	Street Address
City <b>Palm Beach</b> State <b>FL</b> Zip <b>33480</b>	City State Zip
Secretary Name <b>Timothy T. More</b>	Treasurer Name <b>Florence S. McDonough</b>
Street Address <b>50 South Main Street</b>	Street Address <b>145 Peruvian Avenue</b>
City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	City <b>Palm Beach</b> State <b>FL</b> Zip <b>33480</b>

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

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES  
Number of Shares **8,000** Class/Series **\$1.00 Par Value**

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

ISSUED SHARES  
Number of Shares **100** Class/Series **Common** Par Value **\$1.00**

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

**FILED**

**JUL 28 2003**

By Karl

File Date: \_\_\_\_\_  
Check No.: C 2489A

By: \_\_\_\_\_

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.

Florence S. McDonough 7/3/03  
Signature of Officer Date

**Florence S. McDonough**

Print or Type Name of Officer

**President**

Title of Officer

5

Form 630 12/02



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

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>39962</b>		2. Name of Corporation <b>Beachmound Corporation</b>	
3. Street Address Principal Business Office <b>50 South Main Street</b>		City <b>Providence</b>	State <b>RI</b>
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>	
		6. SIC Code <b>0</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>To Own, manage, hold, rent, lease and maintain real estate of all kinds and descriptions or any other lawful activity.</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Florence S. McDonough</b>		Vice President Name	
Street Address <b>145 Peruvian Avenue</b>		Street Address	
City <b>Palm Beach</b>	State <b>FL</b>	City	State
Zip <b>33480</b>		Zip	
Secretary Name <b>Timothy T. More</b>		Treasurer Name <b>Florence S. McDonough</b>	
Street Address <b>50 South Main Street</b>		Street Address <b>145 Peruvian Avenue</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Palm Beach</b>	State <b>FL</b>
Zip <b>02903</b>		Zip <b>33480</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>8,000</b>	<b>\$1.00 PAR VALUE</b>		
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>100</b>	<b>Common</b>	<b>\$1.00</b>	

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



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4-5-01

File Date: 1944

Check No.: C

By: \_\_\_\_\_

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.

Florence S. McDonough 3/19/2002  
Signature of Officer Date

Florence S. McDonough  
Print or Type Name of Officer

President  
Title of Officer



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

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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **39962** 2. Name of Corporation **Beachmound Corporation**  
3. Street Address Principal Business Office **2800 BankBoston Plaza** City **Providence** State **RI** Zip **02903**  
4. Business Phone No. 5. State of Incorporation **RI** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
To own, manage, hold, rent, lease and maintain real estate of all kinds and descriptions or any other lawful activity

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

President Name <b>Florence S. McDonough</b>	Vice President Name
Street Address <b>145 Peruvian Avenue</b>	Street Address
City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	City <b>Palm Beach</b> State <b>FL</b> Zip <b>33480</b>
Treasurer Name <b>Florence S. McDonough</b>	
Street Address <b>145 Peruvian Avenue</b>	
City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	City <b>Palm Beach</b> State <b>FL</b> Zip <b>33480</b>

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

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
<b>8,000 SHS</b>	<b>\$1.00 PAR</b>	

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<b>100</b>	<b>Common</b>	<b>\$1.00</b>

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



\* 3 9 9 6 2 \*

File Date: 3/27/00

Check No.: 1820

By: KD

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.

Florence S. McDonough 3/23/00  
Signature of Officer Date

Florence S. McDonough  
Print or Type Name of Officer

President  
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>39962</b>		2. Name of Corporation <b>Beachmound Corporation</b>	
3. <del>2800 BankBoston Plaza</del>		<b>Providence</b>	State <b>RI</b> Zip <b>02903</b>
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>	
6. SIC Code			
7. Brief Description of the Character of Business Conducted in Rhode Island to own, manage, hold, rent, lease and maintain real estate of all kinds and descriptions or any other lawful activity			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Florence S. McDonough</b>		Vice President Name	
Street Address <b>130 E. 67th Street</b>		Street Address	
City <b>New York</b>	State <b>NY</b>	City	State Zip
Zip <b>10021</b>			
Secretary Name <b>Timothy T. More</b>		Treasurer Name <b>Florence S. McDonough</b>	
Street Address <b>2800 BankBoston Plaza</b>		Street Address <b>729 Bellevue Avenue</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Newport</b>	State <b>RI</b>
Zip <b>02903</b>		Zip <b>02840</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
Par Value		Par Value	
<b>8,000 SHS \$1.00 PAR</b>		<b>100</b>	<b>Common</b>
			<b>\$1.00</b>

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



\* 3 9 9 6 2 \*

File Date: **Feb 12, 99**

Check No.: **362**

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.

**Florence S. McDonough** 2/11/99  
Signature of Officer Date

**Florence S. McDonough**

Print or Type Name of Officer

**President**

Title of Officer



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

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 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.		2. Name of Corporation			
39962		Beachmound Corporation			
3. Street Address Principal Business Office		City	State	Zip	
2700 Hospital Trust Tower		Providence	RI	02903	
4. Business Phone No.		5. State of Incorporation		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island					
to own, manage, hold, rent, lease and maintain real estate of all kinds and descriptions or any other lawful activity					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)					
President Name			Vice President Name		
Florence S. McDonough					
Street Address			Street Address		
130 E. 67th Street					
City	State	Zip	City	State	Zip
New York	NY	10021			
Secretary Name			Treasurer Name		
Timothy T. More			Florence S. McDonough		
Street Address			Street Address		
2700 Hospital Trust Tower			130 E. 67th Street		
City	State	Zip	City	State	Zip
Providence	RI	02903	New York	NY	02903
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)					
Director Name			Director Name		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		
Director Name			Director Name		
Street Address			Street Address		
City			City		
State			State		
Zip			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
8,000 SHS	\$1.00 PAR		100	Common	\$1.00

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

File Date: 7-14-98  
Check No.: 1532  
By: AMF  
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.  
BEACHMOUND CORPORATION  
By: Florence S. McDonough 6/12/98  
Signature of Officer Date  
President Florence S. McDonough  
Print or Type Name of Officer  
Title of Officer





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

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



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **39962** 2. Name of Corporation **Beachmound Corporation**  
3. Street Address Principal Business Office **2700 Hospital Trust Tower** City **Providence** State **RI** Zip **02903**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
to own, manage, hold, rent, lease and maintain real estate of all kinds & descriptions

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name **Florence S. McDonough** Vice President Name  
Street Address **130 E. 67th Street** Street Address  
City **New York** State **NY** Zip **10021** City State Zip  
Secretary Name **Timothy T. More** Treasurer Name **Florence S. McDonough**  
Street Address **2700 Hospital Trust Tower** Street Address **130 E. 67th Street**  
City **Providence** State **RI** Zip **02903** City **New York** State **NY** Zip **10012**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name **Florence S. McDonough** Director Name  
Street Address **130 E. 67th Street** Street Address  
City **New York** State **NY** Zip **10021** City State Zip  
Director Name Director Name  
Street Address Street Address  
City State Zip City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS	\$1.00 PAR		100	Common	\$1.00

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



\* 3 9 9 6 2 \*

File Date: **4/3/97**  
Check No.: **1414**  
By: **OC**

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.  
BEACHMOUTH CORPORATION  
Signature of Officer **Florence S. McDonough** Date **3/25/97**  
Print or Type Name of Officer **Florence S. McDonough**  
Title of Officer **President**

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. <b>39962</b>		2. NAME OF CORPORATION <b>Beachmound Corporation</b>			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE <b>2700 Hospital Trust Tower</b>			CITY <b>Providence</b>	STATE <b>RI</b>	ZIP CODE <b>02903</b>
4. BUSINESS PHONE NO.		5. STATE OF INCORPORATION <b>RHODE ISLAND</b>			6. SIC CODE
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND to own, manage, hold, rent, lease and maintain real estate of all kinds and descriptions or any other lawful activity					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS</b>					
PRESIDENT NAME <b>Florence S. McDonough</b>			VICE PRESIDENT NAME		
STREET ADDRESS <b>130 E. 67th Street</b>			STREET ADDRESS		
CITY <b>New York</b>	STATE <b>NY</b>	ZIP CODE <b>10021</b>	CITY	STATE	ZIP CODE
SECRETARY NAME <b>Timothy T. More</b>			TREASURER NAME <b>Florence S. McDonough</b>		
STREET ADDRESS <b>2700 Hospital Trust Tower</b>			STREET ADDRESS <b>130 E. 67th Street</b>		
CITY <b>Providence</b>	STATE <b>RI</b>	ZIP CODE <b>02903</b>	CITY <b>New York</b>	STATE <b>NY</b>	ZIP CODE <b>10012</b>
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS</b>					
DIRECTOR NAME <b>Florence S. McDonough</b>			DIRECTOR NAME		
STREET ADDRESS <b>130 E. 67th Street</b>			STREET ADDRESS		
CITY <b>New York</b>	STATE <b>NY</b>	ZIP CODE <b>10021</b>	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
<b>10. SHARES AUTHORIZED AND ISSUED</b>					
<b>AUTHORIZED SHARES</b>			<b>ISSUED SHARES</b>		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
<b>8,000 SHS</b>	<b>\$1.00 PAR</b>		<b>100</b>	<b>Common</b>	<b>\$1.00</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.

*Florence S. McDonough*  
Signature of Officer

**BEACHMOUND CORPORATION**

Print or Type Name of Officer

*President*  
Title of Officer

*2/13/96*  
Date

File Date: *2/16/96*

Check No: *1250*

By: *CS/W*  
For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95

State of Rhode Island and Providence Plantations



Office of The Secretary of State

100 North Main Street

Providence, Rhode Island 02903 1335

401-277-3040

112204  
**ANNUAL REPORT**

Please Type or Print

File Annually Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 39962

Annual Report for the year:

1995

Name of Corporation: BEACHMOUND CORPORATION

Business entity organized under the laws of the State of: Rhode Island

For foreign entity, address and telephone number of principal office

Business Entity is (check one)

☒ Business Corporation (See RIGL Chapter 7-1-1)

☐ Professional Service Corporation (See RIGL Chapter 7-5-1)

Brief statement of the character of business conducted in Rhode Island:

real estate

Phone ( )

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box)

2700 Hospital Trust Tower

Providence, RI 02903

Phone (401) 274-9200

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
-----------	----------------	------------	----------

Florence S. McDonough	729 Bellevue Avenue,	Newport RI	02840
-----------------------	----------------------	------------	-------

VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
----------------	----------------	------------	----------

SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
-----------	----------------	------------	----------

Florence S. McDonough			
-----------------------	--	--	--

TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
-----------	----------------	------------	----------

Florence S. McDonough			
-----------------------	--	--	--

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
------	----------------	------------	----------

Florence S. McDonough	as above		
-----------------------	----------	--	--

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
------	----------------	------------	----------

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
------	----------------	------------	----------

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
8,000	Common \$1.00 par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
100	common \$1.00 par value

Date January 3, 1995

BEACHMOUND CORPORATION

By: Florence S. McDonough

Florence S. McDonough

PRINCIPAL TYPE NAME OF OFFICER SIGNING

President

Form 31 1995

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed

TIMOTHY T. MORE  
2700 HOSPITAL TRUST TOWER  
PROVIDENCE RI 02903

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

1133  
File Annually  
I.L.C. Sept. 1 - Nov. 1  
CORP. Jan. 1 - March

Corporate ID: 39962 Annual Report for the year: 1994

Name of Business Entity: BEACHMOUND CORPORATION

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

2700 Hospital Trust Tower  
Providence, RI 02903

Phone: ( 401 ) 274-9200

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)  
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)  
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Timothy T. Rose, Esq.  
2700 Hospital Trust Tower  
Providence, RI 02903

Brief statement of the character of business conducted in Rhode Island:

real estate

Date of Organization: 9/5/86

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Florence S. McDonough	729 Bellevue Avenue, Newport, RI	02840	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Florence S. McDonough	as above		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE

THE NAMES OF THE DIRECTORS ARE:			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Florence S. McDonough	as above		
Florence S. McDonough	as above		
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	8,000	NUMBER	100
CLASS	Common	CLASS	common
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	\$1.00 par value	PAR VALUE OR WITHOUT PAR	\$1.00 par value

Date December 13, 19 94

BEACHMOUND CORPORATION  
By Florence S. McDonough  
Florence S. McDonough  
PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
TITLE OF OFFICER SIGNING

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0039962 Annual Report for the year 1993

FIRST: The name of the corporation is Beachmound Corporation

SECOND: It is incorporated under the laws of Rhode Island

real estate

THIRD: Character of business, briefly stated, is

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island  
2700 Hospital Trust Tower, Providence, Rhode Island 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Florence S. McDonough	Director	729 Bellevue Ave., Newport, RI
	Director	
	Director	
Florence S. McDonough	President	As above
	Vice President	As above
Florence S. McDonough	Secretary	As above
Florence S. McDonough	Treasurer	As above

SEVENTH: Number of Shares authorized:

No. of Shares	Class
8000	common

**PAID**  
**FEB 19 1993**  
**SECY OF STATE**

Par Value  
or statement that  
shares are without  
par value  
**\$1.00 par value**

EIGHTH: Number of Shares issued:

No. of Shares	Class
100	common

Par Value  
or statement that  
shares are without  
par value  
**\$1.00 par value**

Dated 19 93

**BEACHMOUND CORPORATION**

(Name of Corporation)

By Florence S. McDonough

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

41364 JB  
**State of Rhode Island and Providence Plantations**

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0039962..... Annual Report for the year.....1992.....

FIRST: The name of the corporation is.....Beachmound Corporation.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is To own, manage, hold, rent, lease and  
maintain real estate of all kinds and descriptions and any other lawful act or activity for which corporation  
may be organized under the Rhode Island Business Corporations Act

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....2700 Hospital Trust Tower, Providence, RI 02.....

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Florence S. McDonough	President	130 E. 67th Street, New York, NY 10012
	Vice President	
Timothy T. More	Secretary	2700 Hospital Trust Tower, Prov., RI 0
Florence S. McDonough	Treasurer	130 E. 67th Street, New York, NY 10021

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

8,000

Common

PAID

JUN 25 1992

\$1.00 par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

100

Common

\$1.00 par value

Dated June 15 1992

BEACHMOUND CORPORATION

(Name of Corporation)

By

Timothy T. More

Title Secretary

(Report must be signed by an officer)

Filing Fee \$50.00

39359 9/3

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0039962 Annual Report for the year 1991

FIRST: The name of the corporation is Beachmound Corporation

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is To own, manage, hold, rent, lease and maintain real estate of all kinds and descriptions and any other lawful act or activity for which corporations may be organized under the Rhode Island Business Corporations Act.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 2700 Hospital Trust Tower, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name Office Address (including number, street, zip code)

	Director	
	Director	
	Director	
Florence S. McDonough	President	130 E 67th Street, New York, N.Y. 10012
	Vice President	
Timothy T. More	Secretary	2700 Hospital Trust Tower, Prov., R.I. 02903
Florence S. McDonough	Treasurer	130 E 67th Street, New York, N.Y. 10021

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		\$1.00 par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		\$1.00 par value

Dated ~~February~~ May 29 19 92

BEACHMOUND CORPORATION

(Name of Corporation)

By Timothy T. More

Title Secretary

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0032952 Annual Report for the year 1990

FIRST: The name of the corporation is Beachmound Corporation

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is To own, manage, hold, rent, lease and maintain n  
estate of all kinds and descriptions and any other lawful act or activity for which corpora  
tions may be organized under the Rhode Island Business Corporations Act.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 2700 Hospital Trust Tower, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
------	--------	--

	Director	
	Director	
	Director	
Florence S. McDonough	President	130 E 67th Street, New York, NY 10012-6136
	Vice President	
Timothy T. More	Secretary	2700 Hospital Trust Tower, Prov., RI 02903
Florence S. McDonough	Treasurer	130 E 67th Street, New York, NY 10021-6136

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		\$1.00 par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		\$1.00 par value

Dated February 19 90

**Rec'd & Filed FEB 22 1990**  
BEACHMOUND CORPORATION  
(Name of Corporation)

By \_\_\_\_\_

(Report must be signed by an officer)

Title Secretary



Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0039962

Annual Report for the year 1989

FIRST: The name of the corporation is Beachmound Corporation

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is To own, manage, hold, rent, lease and maintain real estate of all kinds and descriptions and any other lawful act of activity for which corporations may be organized under the Rhode Island Business Corporations Act.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 2700 Hospital Trust Tower, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

	Director	
	Director	
	Director	
Florence S. McDonough	President	130 E 67th Street, New York, NY 10012-6136
	Vice President	
Timothy T. More	Secretary	2700 Hospital Trust Tower, Prov., RI 02903
Florence S. McDonough	Treasurer	130 E 67th Street, New York, NY 10021-6136

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		\$1.00 par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		\$1.00 par value

Dated June 28 19 89

BEACHMOUND CORPORATION

(Name of Corporation)

By Timothy T. More

Title Secretary

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0039962

Annual Report for the year 1988

FIRST: The name of the corporation is Beachmound Corporation

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is To own, manage, hold, rent, lease and maintain real estate of all kinds and descriptions and any other lawful act of activity for which corporations may be organized under the Rhode Island Business Corporations Act.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 2700 Hospital Trust Tower, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Florence S. McDonough

President

130 E 67th Street, New York, NY 10012-6136

Vice President

Timothy T. More

Secretary

2700 Hospital Trust Tower, Prov., RI 02903

Florence S. McDonough

Treasurer

130 E 67th Street, New York, NY 10021-6136

SEVENTH: Number of Shares authorized:

No of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

8,000

Common

\$1.00 par value

EIGHTH: Number of Shares issued:

No of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

100

Common

\$1.00 par value

Dated June 28 19 89

BEACHMOUND CORPORATION

(Name of Corporation)

By

Timothy T. More

Title

Secretary

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 39962 Annual Report for the year 1987

FIRST: The name of the corporation is Beachmound Corporation

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to own, manage, hold, rent, lease and maintain real estate of all kinds and descriptions and any other lawful act or activity for which corporations may be organized under the Rhode Island Business Corporations Act.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 2700 Hospital Trust Tower, Providence, Rhode Island 02903

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Florence S. McDonough	Director	729 Bellevue Avenue, Newport, Rhode Island 02841
	Director	
	Director	
Florence S. McDonough	President	729 Bellevue Avenue, Newport, RI 02840
	Vice President	
Steven M. McInnis	Secretary	2600 Hospital Trust Twr., Prov., RI 02903
Florence S. McDonough	Treasurer	729 Bellevue Avenue, Newport, RI 02840

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		\$1.00

Rec'd. & Filed **FEB 11 1987** **PAID**  
**FEB 18 1987**  
Series  
SEC'y. OF STATE

Dated February 6 19 87

BEACHMOUND CORPORATION  
(Name of Corporation)

By Steven M. McInnis  
Title Secretary

(Report must be signed by an officer)