



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. 114891		2. Name of Corporation Beacon Residential Management Corp			
3. Street Address Principal Business Office 150 Federal Street, 5th Floor			City Boston	State MA	Zip 02110
4. Business Phone No. (617) 574-1100		5. State of Incorporation Delaware		6. SIC Code 5579	
7. Brief Description of the Character of Business Conducted in Rhode Island To engage in the business of residential real estate					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Timothy M. Donovan			Vice President Name James D. Midaugh		
Street Address 25 Finnegan Way			Street Address 3117 Howlett Hill Road		
City Newburyport	State MA	Zip 01950	City Camillus	State NY	Zip 13031
Secretary Name Kathleen M. Sheehan			Treasurer Name Timothy M. Donovan		
Street Address 43 Antrim Street			Street Address 25 Finnegan Way		
City Cambridge	State MA	Zip 02139	City Newburyport	State MA	Zip 01950
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Howard Earl Cohen			Director Name		
Street Address 50 Chestnut Hill Road			Street Address		
City Newton	State MA	Zip 02467	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"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value	ISSUED SHARES	
1,500 COMM NO PAR VALUE				Number of Shares	Class/Series
				1,000	COMM
					NO PAR
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					

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



1 1 4 8 9 1

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   
Date 7/29/05  
Timothy M. Donovan  
Print or Type Name of Officer  
Treasurer/President  
Title of Officer

File Date 8-2-05  
Check No. 3404990  
By:   
FOR SECRETARY OF STATE USE ONLY



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. \*114891\* 2. Name of Corporation Beacon Residential Management Corp.  
3. Street Address Principal Business Office 150 Federal Street, 5th Floor City Boston State MA Zip 02110  
4. Business Phone No. (617) 574-1100 5. State of Incorporation Delaware 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
TO ENGAGE IN THE BUSINESS OF RESIDENTIAL REAL ESTATE MANAGEMENT

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

President Name Timothy M. Donovan Street Address 25 Finnegan Way City Newburyport State MA Zip 01950	Vice President Name James D. Middaugh Street Address 3117 Howlett Hill Road City Camillus State NY Zip 13031
Secretary Name Kathleen M. Sheehan Street Address 43 Antrim Street City Cambridge State MA Zip 02139	Treasurer Name Timothy M. Donovan Street Address 26 Finnegan Way City Newburyport State MA Zip 01950

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

Director Name Edwin N. Sidman Street Address 140 Dartmouth Street City Newton State MA Zip 02465	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
1,500 COMM NO PAR VALUE			

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
1,000		COMM	

RECEIVED  
 SECRETARY OF STATE  
 OCT 12 3 06 PM '04

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: [Signature] Date: 12/7/2004  
 Timothy M. Donovan  
 Print or Type Name of Officer  
 Treasurer/President  
 Title of Officer

FILED

File Date: DEC 30 2004

Check No. By M 54192

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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** 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *114891*		2. Name of Corporation Beacon Residential Management Corp.	
3. Street Address Principal Business Office 150 Federal Street, 5th Floor		City Boston	State MA
		Zip 02110	
4. Business Phone No. (617) 574-1100	5. State of Incorporation Delaware		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF RESIDENTIAL REAL ESTATE MANAGEMENT			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Timothy M. Donovan		Vice President Name James D. Middaugh	
Street Address 25 Finnegan Way		Street Address 3117 Howlett Hill Road	
City Newburyport	State MA	City Camillus	State NY
Zip 01950		Zip 13031	
Secretary Name Kathleen M. Sheehan		Treasurer Name Timothy M. Donovan	
Street Address 43 Antrim Street		Street Address 26 Finnegan Way	
City Cambridge	State MA	City Newburyport	State MA
Zip 02139		Zip 01950	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Edwin N. Sidman		Director Name	
Street Address 140 Dartmouth Street		Street Address	
City Newton	State MA	City	State
Zip 02465		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	Number of Shares	Class/Series
Par Value		Par Value	
1,500	COMM NO PAR VALUE	1,000	COMM
			No Par

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

**FILED**  
 File Date DEC 30 2004  
 Check No. \_\_\_\_\_  
 By ms419  
 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  
 Timothy M. Donovan  
 Print or Type Name of Officer  
 Treasurer/President  
 Title of Officer

10/7/2004  
 Date



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 2002**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. #114891*10		2. Name of Corporation Beacon Residential Management Corp.			
3. Street Address Principal Business Office 150 Federal Street, 5th Floor		City Boston	State MA		
4. Business Phone No. (617) 574-1100		5. State of Incorporation Delaware			
6. SIC Code 02110					
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF RESIDENTIAL REAL ESTATE MANAGEMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Timothy M. Donovan		Vice President Name James D. Middaugh			
Street Address 25 Finnegan Way		Street Address 3117 Howlett Hill Road			
City Newburyport	State MA	City Camillus	State NY		
Secretary Name Kathleen M. Sheehan		Treasurer Name Timothy M. Donovan			
Street Address 43 Antrim Street		Street Address 26 Finnegan Way			
City Cambridge	State MA	City Newburyport	State MA		
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Edwin N. Sidman		Director Name			
Street Address 140 Dartmouth Street		Street Address			
City Newton	State MA	City	State		
Director Name		Director Name			
Street Address		Street Address			
City	State	City	State		
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		1,000	COMM	No Par

04 DEC 30 AM 11:33

DEC 12 3 06 PM '04  
CORPORATIONS DIV.

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

**FILED**

File Date DEC 30 2004

Check No. \_\_\_\_\_

By In 5-119 a

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 12/6/2004

Timothy M. Donovan  
Print or Type Name of Officer

Treasurer/President  
Title of Officer

**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. **114891** 2. Name of Corporation **Beacon Residential Management Corp.**  
3. Street Address Principal Business Office **2 Oliver Street, 2nd Floor** City **Boston** State **MA** Zip **02109**  
4. Business Phone No. **(617) 574-1172** 5. State of Incorporation **DELAWARE** 6. SIC Code  
7. Brief Description of the Character of Business Conducted in Rhode Island **Real Estate**

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

President Name <b>Howard E. Cohen</b>	Vice President Name <b>William S. Stetson</b>
Street Address <b>50 Chestnut Hill Road</b>	Street Address <b>511 Sudbury Street</b>
City State Zip <b>Newton MA 02467</b>	City State Zip <b>Marlborough MA 01752</b>
Secretary Name <b>Kathleen M. Sheehan</b>	Treasurer Name <b>Timothy M. Donovan</b>
Street Address <b>43 Antrim Street</b>	Street Address <b>26 Finnegan Way</b>
City State Zip <b>Cambridge MA 02139</b>	City State Zip <b>Newburyport MA 01950</b>

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

Director Name <b>Edwin N. Sidman</b>	Director Name
Street Address <b>140 Dartmouth Street</b>	Street Address
City State Zip <b>Newton MA 02465</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

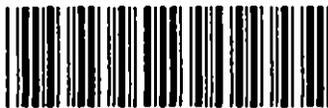
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares 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**

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



\* 1 1 4 8 9 1 \*

File Date: 2/22/01

Check No.: 034181703

By: KP

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 2/09/01  
**Timothy M. Donovan**  
Print or Type Name of Officer  
**Treasurer**  
Title of Officer