

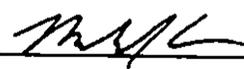
Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

- Filing period February 1 - May 1
- Filing Fee \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31

NOV 21 2022

26022

1. Entity ID Number 10029		2. Exact name of the Corporation BEACON ARCHITECTURAL ASSOCIATES, INC					
3. Principal Office Address 145 SOUTH STREET			City BOSTON		State Zip MA 02111		
4. NAICS Code 541310		6. Brief description of the character of business conducted in Rhode Island					
5. State of Incorporation MA		ARCHITECTURE SERVICE					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>		
President Name MICHAEL D. COLEMAN			Vice-President Name				
Street Address 181 BEECH STREET			Street Address				
City MELROSE	State MA	Zip 02176	City	State	Zip		
Secretary Name PETER C. BYERLY			Treasurer Name MICHAEL D. COLEMAN				
Street Address 25 MEDWAY STREET, UNIT D			Street Address 181 BEECH STREET				
City BOSTON	State MA	Zip 02124	City MELROSE	State MA	Zip 02176		
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>		
Director Name J. MICHAEL SULLIVAN			Director Name PATRICK J. HAYES				
Street Address 10 LEE STREET			Street Address 105 WYOMING AVENUE				
City SALEM	State MA	Zip 01970	City MALDEN	State MA	Zip 02148		
Director Name			Director Name				
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		CLASS/SERIES		PAR VALUE	
		61		COMMON		0	
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						Date 10/17/22	
Signature of Authorized Representative MICHAEL D. COLEMAN							

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