



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 81434		2. Name of Corporation Berkshire Place, Ltd..			
3. Street Address Principal Business Office 455 Douglas Avenue			City Providence	State RI	Zip 02908
4. Business Phone No. (401) 553-8600		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO engage in providing management and magement servicesto the health care industry, including nursing homes					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANGELO S. ROTELLA			Vice President Name ANGELO S. ROTELLA		
Street Address 4 Pond View Court			Street Address 4 Pond View Court		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name ANGELO S. ROTELLA			Treasurer Name ANGELO S. ROTELLA		
Street Address 4 Pond View Court			Street Address 4 Pond View Court		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ANGELO S. ROTELLA			Director Name Joseph Quatrocchi		
Street Address 4 Pond View Court			Street Address Roger williams Drive		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Director Name Kristina Rotella			Director Name Kenneth Rotella		
Street Address 4 Pond View Court			Street Address 4 Price Lane		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR COMMON			8,000	COMMON	NO PAR

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.

File Date	2007 NOV 16 PM 1:23
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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.

Signature Angelo S Rotella Date _____
Print or Type Name ANGELO S ROTELLA
Title PRESIDENT

FILED
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