

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

[2017] 12-1501(e) is subject to a bandon to a \$25.00

	coa)) is subject to a pen					
1. Corporate ID No. 74215	2. Name of Corpo Berkeley H	all Holdings, Inc.				
3. Street Address Principal Business Office 78 Kenwood Street			Сиу Cranston	State RI	21p 02907	
4. Business Phone No.       5. State of Incorpo         401-946-0946       Rhode Islan						
To provide labor and	baracter of Business Conduct I services to any and a	all businesses		<u> </u>		
7. NAMES AND ADDI	RESSES OF THE OFFIC	ERS: ("X" HOX FOR	ATTACHMENT)   FILL IN	SPACES BEFORE USING	ATTACHMENTS	
Timothy J. Harrington			Vice President Name None			
Street Address			Street Address			
78 Kenwood Stree	ŧ					
City Cranston	State RI	<i>Ζψ</i> 0 <b>2907</b>	City	State	Ztp	
Secretary Name Emily S. Harrington			Treasurer Name Timothy J. Harrington			
Street Address 78 Kenwood Street			Street Address 78 Kenwood Street			
City Cranston	State RI	<i>Ztp</i> 02907	City Cranston	State RI	<i>z<sub>ip</sub></i> √/ <sub><i>j</i></sub> ≥ 502907 <sub>√<i>j</i></sub>	
8. NAMES AND ADDI	RESSES OF THE DIREC	TORS: ("X" BOX FO	<i>R attáchment</i> ) 🗍 fill (1	n spaces before usin	G ATTACHMENTS	
Director Name Timothy J. Harring	ton		Director Name		8	
Street Address	ton .		Emily S. Harrington	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
78 Kenwood Street			78 Kenwood Street			
City	State	Zip	Cuy	State		
Cranston	IRI	02907	Cranston	RI	02907	
Director Name			Director Name		<u> </u>	
Street Address			Street Address			
City	State	Zip	Сиу	State	Zip	
9. SHARES AUTHORI AUTHORIZED SHARES	ZED ("X" BOX FOR	чтасниват) 📗 🗆		(*X BOX FOR ATTAC CTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Sbares	Class/Series	Par Value	
400 No Par Value			396	Common	No Par Value	
		··	THIS SEC	TION WUST BE C	, w.	
This report must be ex-	secuted on behalf of the	corporation by an au	thorized representative. If the	corporation is in the hand	ls of a receiver or trustee,	

File Date FILED  Check No. NOV-2-1-2007  By: 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  Date  Timothy J. Harrington  Print or Type Name  President
042744 9:32	Title Form 630 Rev. 12/06