



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 74215		2. Exact name of the Corporation Berkeley Hall Holdings Inc			
3. Principal office address 78 KENWOOD ST		City CRANSTON	State RI	Zip 02907	
4. Business Phone No. 401-946-1002		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Staffing Services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Timothy J. Harrington, Jr.			Vice-President Name Emily S. Harrington		
Street Address 78 Kenwood St			Street Address 78 Kenwood St		
City Cranston	State RI	Zip 02907	City Cranston	State RI	Zip 02907
Secretary Name Emily S. Harrington			Treasurer Name Timothy J. Harrington		
Street Address SAME			Street Address SAME		
City Cranston	State RI	Zip 02907	City Cranston	State RI	Zip 02907
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Timothy Harrington Jr.			Director Name Emily S. Harrington		
Street Address 78 KENWOOD ST			Street Address 78 KENWOOD ST		
City CRANSTON	State RI	Zip 02907	City CRANSTON	State RI	Zip 02907
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			400	CNP	0

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: _____
Check No: _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

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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 Authorized Representative

Date

EMILY S. HARRINGTON

Print or Type Name of Authorized Representative