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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 2012

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. | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 74215 | 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 | | |
| 6. Brief description of the character of business conducted in Rhode Island: Staffing Services | | | |

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**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐**

| | President Name | Street Address | City | State | Zip |
|---|---|---|---|---|---|
| | Timothy J Harrington, Jr | 78 Kenwood St | Cranston | RI | 02907 |
| | Vice-President Name | Street Address | City | State | Zip |
| | Emily S. Harrington | 78 Kenwood St | Cranston | RI | 02907 |
| | Secretary Name | Street Address | City | State | Zip |
| | Emily S. Harrington | SAME | | | |
| | Treasurer Name | Street Address | City | State | Zip |
| | Timothy J. Harrington | SAME | | | |

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐**

| | Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|---|
| | Timothy Harrington Jr. | 78 KENWOOD ST | CRANSTON | RI | 02907 |
| | Director Name | Street Address | City | State | Zip |
| | Emily S. Harrington | 78 KENWOOD ST | CRANSTON | RI | 02907 |
| | Director Name | Street Address | City | State | Zip |
| | | | | | |
| | Director Name | Street Address | City | State | Zip |
| | | | | | |

**9. SHARES AUTHORIZED**

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.

**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

| 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

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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.

Emily Harrington — 05/22/14
Signature of Authorized Representative — Date

EMILY S. HARRINGTON
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012 106763-946490