



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

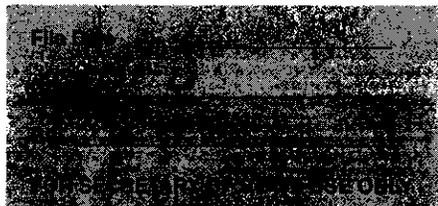
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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. 81434		2. Exact name of the Corporation BERKSHIRE PLACE, LTD.								
3. Principal office address 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 MANAGEMENT SERVICES TO THE HEALTHCARE INDUSTRY AND NURSING HOMES										
President Name ANGELO S. ROTELLA			Vice-President Name MATTHEW ROTELLA							
Street Address 4 POND VIEW COURT			Street Address 184 WATERMAN LAKE DRIVE							
City SMITHFIELD	State RI	Zip 02917	City GLOCESTER	State RI	Zip 02814					
Secretary Name ANGELO S. ROTELLA			Treasurer Name ANGELO S. ROTELLA							
Street Address 4 POND VIEW COURT			Street Address 2 POND VIE COURT							
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917					
DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name ANGELO S. ROTELLA			Director Name MATTHEW ROTELLA							
Street Address 4 POND VIEW COURT			Street Address 184 WATERMAN LAKE DRIVE							
City SMITHFIELD	State RI	Zip 02917	City GLOCESTER	State RI	Zip 02814					
Director Name KENNETH M. ROTELLA			Director Name JOSEPH QUATROCCHI							
Street Address 4 PRICE LANE			Street Address SMITHFIELD ROAD							
City SMITHFIELD	State RI	Zip 02917	City NORTH PROVIDENCE	State RI	Zip 02904					
SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
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		
						8000	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.



FILED

FEB 29 2016

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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.

Angelo S. Rotella 1-15-16
 Signature of Authorized Representative Date

Angelo S. Rotella
 Print or Type Name of Authorized Representative