



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year:**

**Non-Profit Corporation**

2019

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30

**FILED**

**JUN 26 2019**

BY 1130 DS

1. Entity ID Number 001024171		2. Exact name of the Corporation BERKELEY COMMONS II CONDOMINIUMS			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE FOR THE OPERATION, ADMINISTRATION, USE AND MAINTENANCE OF CONDOMINIUM UNITS AND COMMON AREAS KNOWN AS BERKELEY COMMONS II			
4. NAICS Code 813590					
6. Principal Office Address 500 MENDON ROAD, UNIT 36			City CUMBERLAND	State RI	Zip 02864
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name OLYMPIA PAPPAS-MARGARITIDIS			Vice-President Name NONE		
Street Address 500 MENDON ROAD, UNIT 33			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Secretary Name BEVERLY FITZPATRICK			Treasurer Name MICHAEL HILL		
Street Address 500 MENDON ROAD, UNIT 34			Street Address 500 MENDON ROAD, UNIT 36		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) RI Corporations <b>MUST</b> list at least <b>THREE</b> directors					Check the box to indicate an attachment <input type="checkbox"/>
Director Name OLYMPIA PAPPAS-MARGARITIDIS			Director Name BEVERLY FITZPATRICK		
Street Address 500 MENDON ROAD, UNIT 33			Street Address 500 MENDON ROAD, UNIT 34		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Director Name MICHAEL HILL			Director Name		
Street Address 500 MENDON ROAD, UNIT 36			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
9. Registered Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 641					
<b>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.</b>					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative MICHAEL HILL					Date 6-17-19
Signature of Officer/Authorized Representative <i>Michael Hill</i>					