State of Rhode Island
Department of State - Business Services Division

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2021 JUL 30 AM 8:50

Annual Report for the year: 2021
Non-Profit Corporation

→ Filing period June 1 - June 30
→ Filing Fee $20 00
→ Penalty Additional $25 00 fee if form is not filed by July 30.

1. Entity ID Number	2 Exact name of the Corporation
001024171	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: 813990	

6 Principal Office Address	City	State	Zip
500 MENDON ROAD, UNIT 36	CUMBERLAND	RI	02864

7 List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

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 The Registered Agent information of record with the RI Department of State is accurate Changes require filing Form 641.

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.

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	Date
MICHAEL HILL	7-12-21

Signature of Officer/Authorized Representative: Michael Hill

FILED
JUL 30 2021
BY 1254 A.A.

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020