

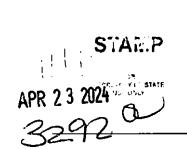
State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2024 **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number	2. Exact name of the Lim	2. Exact name of the Limited Liability Company			
1027268	Berkeley Busine	Berkeley Business Center, LLC			
3. NAICS Code	4. Brief description of the	Brief description of the character of business conducted in Rhode Island Rental of commercial real estate and any other lawful business activity.			
531120	Rental of commerc				
5. State of Formation					
Rhode Island					
6. Principal Office Address	•	City	State	Zip	
30 Martin Street, Suite 3C		Cumberland	RI	02864	
7 Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person			
Contact Name Jason P. Macari		Contact Title Managing Member			
Street Address 3100 Diamond Hill Road		City Cumberland	State RI	^{Zip} 02864	
8. The Resident Agent infor	mation currently of record with	the RI Department of State is accura	te. Changes requir	e filing Form 642	
, , , , ,	y, I declare and affirm that I h tatements contained herein a	ave examined this report, includir re true and correct.	ng any accompany	ving schedules and	
Name of Authorized Person			Date		
Jason P. Macari		_	4-5-24		
Signature of Authorized Per	son ////				
V		S			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov