



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 138483		2. Name of Corporation BURNS, INC. dba/BURNS TOOLS			
3. Street Address Principal Business Office 350 MARIANO BISHOP BLVD.			City FALL RIVER	State MA	Zip 02721
4. Business Phone No. 508-675-0381		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN M. BURNS, JR.			Vice President Name NONE		
Street Address MACOMBER LANE			Street Address		
City PORTSMOUTH	State RI	Zip 02871	City	State	Zip
Secretary Name JOHN M. BURNS			Treasurer Name JEFFREY M. BURNS		
Street Address 2003 CRANDALL ROAD			Street Address 2003 CRANDALL ROAD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOHN M. BURNS			Director Name JOHN M. BURNS, JR.		
Street Address 3137 MAIN ROAD			Street Address MACOMBER LANE		
City TIVERTON	State RI	Zip 02878	City PORTSMOUTH	State RI	Zip 02871
Director Name JEFFREY M. BURNS			Director Name		
Street Address 2003 CRANDALL ROAD			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300	COMMON		90	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**

File Date \_\_\_\_\_

Check No. **AUG 29 2007**

By: **52796** *js*

FOR SECRETARY OF STATE USE ONLY

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.

*Jeffrey M. Burns* 8/24/07  
Signature Date  
**JEFFREY M. BURNS**  
Print or Type Name  
**TREASURER**  
Title