



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 2009

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. 3102		2. Name of Corporation B. ESTELLE BURKE, INC.			
3. Street Address Principal Business Office BOWEN'S WHARF			City NEWPORT	State RHODE ISLAND	Zip 02840
4. Business Phone No. 401-846-0106		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island General Fisheries Trade					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RONALD R. FATULLI			Vice President Name ROBERT OATWAY		
Street Address 48 KANE AVENUE			Street Address 139 TUCKERMAN AVENUE		
City MIDDLETOWN	State RHODE ISLAND	Zip 02842	City MIDDLETOWN	State RHODE ISLAND	Zip 02842
Secretary Name STEPHEN A. HAIRE			Treasurer Name RONALD R. FATULLI		
Street Address 97 JOHN CLARKE ROAD			Street Address 48 KANE AVENUE		
City MIDDLETOWN	State RHODE ISLAND	Zip 02842	City MIDDLETOWN	State RHODE ISLAND	Zip 02842
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. 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.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100	COMMON	NO PAR

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PROFIT CORPORATION DIV
STATE

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 AUG 17 2009
Check No. By [Signature]
By: [Signature]
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.

[Signature] 8/16/09
Signature Date
Ronald R. Fatulli
Print or Type Name
Treas
Title