



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 2010

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. <u>506548</u>		2. Name of Corporation <u>Burness Communications, Inc</u>	
3. Street Address Principal Business Office <u>7910 Woodmont Ave. Suite 700</u>		City <u>Bethesda</u>	State <u>MD</u>
4. Business Phone No. <u>301-652-1558</u>		5. State of Incorporation <u>Maryland</u>	
6. Brief Description of the Character of Business Conducted in Rhode Island <u>Public Relations</u>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>Andrew Burness</u>		Vice President Name	
Street Address <u>7910 Woodmont Ave Suite 700</u>		Street Address	
City <u>Bethesda</u>	State <u>MD</u>	City	State
Zip <u>20814</u>		Zip	
Secretary Name <u>Andrew Burness</u>		Treasurer Name <u>Andrew Burness</u>	
Street Address		Street Address	
City <u>above</u>	State	City <u>above</u>	State
Zip		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <u>N/A</u>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED <u>5,000</u>		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 MUST BE COMPLETED	
		Number of Shares <u>0</u>	Class/Series
		Par Value	

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.

File Date	FILED
Check No.	<u>JUL 22 2010</u>
By:	<u>14401 & 14402</u>
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.

Wendy Mackie July 15, 2010
Signature Date
Wendy Mackie
Print or Type Name
Chief Financial Officer
Title