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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
112435	BURKE CARPET CONCEPTS, INC.

3. Principal office address	City	State	Zip
275 SCITUATE AVENUE	JOHNSTON	RI	02919

4. Business Phone No.	5. State of Incorporation
401-942-7799	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
CARPET SALES AND INSTALLATION

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
MICHAEL W. BURKE	MICHAEL W. BURKE
Street Address: 275 SCITUATE AVENUE	Street Address: 275 SCITUATE AVENUE
City: JOHNSTON, State: RI, Zip: 02919	City: JOHNSTON, State: RI, Zip: 02919
Secretary Name: MICHAEL W. BURKE	Treasurer Name: MICHAEL W. BURKE
Street Address: 275 SCITUATE AVENUE	Street Address: 275 SCITUATE AVENUE
City: JOHNSTON, State: RI, Zip: 02912	City: JOHNSTON, State: RI, Zip: 02919

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
MICHAEL W. BURKE	
Street Address: 275 SCITUATE AVENUE	Street Address:
City: JOHNSTON, State: RI, Zip: 02919	City: , State: , Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	NO 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 _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 21 2013
BY

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.

Michael W Burke 1.29.13
Signature of Authorized Representative Date

MICHAEL W. BURKE
Print or Type Name of Authorized Representative

Form No. 630
Revised 01/2012 89210162029159