RALPH MOILE	tate of Rhode Island and Pr Office of the Secre	
Secretary of State	Division Of Busine 148 W. River Providence RI 029 (401) 222-3	Street 904-2615
Limited Liability Com Annual Report Filing Period: September 1		
	7-16-66(d), each limited liability con n thirty (30) days after the time pres penalty fee of \$25.00.	
ANNUAL REPORT YEAR:	<u>2013</u>	
1. ID No. <u>000132756</u>		
2. Exact Name of the Limited Liability Company Burke Design, LLC		
3. State of Formation		
State: <u>RI</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
COMPOSITE DESIGN	<u>SERVICES</u>	
5. Principal Office Addres	SS	
No. and Street: 265 ST	RAWBERRY HILL ROAD	
City or Town: <u>CENTE</u>	ERVILLE	State: <u>MA</u> Zip: <u>02632</u> Country: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Nan	ne or Title of Contact Person:
	N J. BURKE Contact Title: PRIN	CIPAL
	<u>RAWBERRY HILL ROAD</u> RVILLE	State: MA Zip: 02632 Country: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS		
Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
	HODE ISLAND - DO NOT ALTER g of Form 642 - R.I.G.L. 7-16-11	
STEPHEN J. BURKE <u>31 DIMOND AVENUE</u> BRISTOL, <u>RI</u> 02809-		
9. This report must be ex	ecuted by an authorized person	pursuant to R.I.G.L. 7-16-66 (b).

## Signed this 28 Day of September, 2013 at 11:49:48 AM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By <u>STEPHEN J. BURKE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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