

## 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

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Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • F	AILURE TO FIL	E THIS REPORT BY	DECEMBER 1 WILL RESULT	IN A \$25.00 PE	NALTY FEE.	
1. Entity ID No.	2. Exact nan	2. Exact name of the limited liability company				
839 731	ľ	BURKE LAW GROUP LLC				
3. State of Formation	4. Brief desc	ription of the character of	of business conducted in Rhode Isla	usiness conducted in Rhode Island		
RI	LAU	OFFIC	E			
5. Principal office address 913 RESE/	RVOIR	AVE	CRANSTON	State	Zip 02910	
	IMITED LIABILIT	Y COMPANY AND NAM	E OR TITLE OF CONTACT PERSO	ON:		
CONTACT NAME  KOBERT J. BURKE II.			Contact Title	DUNER		
Street Address SAN	NE		City	State	Zip	
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM	AMES AND ADDI	RESSES) OF THE LIMI	TED LIABILITY COMPANY, IF APP	LICABLE - DO N	OT LIST MEMBERS	
Manager Name	$\overline{\lambda}$		Manager Name			
Street Address			Street Address		V	
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN RHO	DE ISLAND ¥	TINONIELL	ROBERT J. BUR	KF IL		
		Office of the Secretary	of State. Changes require filing I	Form 642		
					ILED	
				001	0 8 2014	

	BY		
File Date	Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statementa contained herein are true and correct.		
Check No	Con 1. That we had to		
Ву:	Signature of Authorized Person Date		
FOR SECRETARY OF STATE USE ONLY	ROBERT J. BURKE, III		
	Print or Type Name of Authorized Person		