



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

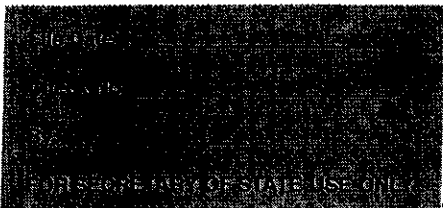
# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

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. <b>797112</b>		2. Exact name of the Corporation <b>Burdick's Renovations and Remodeling, Inc.</b>				
3. Principal office address <b>110 Farmholme Road</b>			City <b>Stonington</b>	State <b>CT</b>	Zip <b>06378</b>	
4. Business Phone No. <b>860-235-8677</b>			5. State of Incorporation <b>Connecticut</b>			
6. Brief description of the character of business conducted in Rhode Island <b>To undertake residential and commercial renovations, remodeling, construction and all attendant work consistent and/or associated herewith.</b>						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>						
President Name <b>Stephen H. Burdick</b>			Vice-President Name			
Street Address <b>110 Farmholme Road</b>			Street Address			
City <b>Stonington</b>	State <b>CT</b>	Zip <b>06378</b>	City	State	Zip	
Secretary Name <b>Linda L. Burdick</b>			Treasurer Name			
Street Address <b>110 Farmholme Road</b>			Street Address			
City <b>Stonington</b>	State <b>Ct</b>	Zip <b>02808</b>	City	State	Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>						
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.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
				100 shares	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.



**FILED**

**JAN 23 2015**

**BY**

*6723*

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.

*Stephen H. Burdick 1/15/15*  
 Signature of Authorized Representative Date

**Stephen H. Burdick**

Print or Type Name of Authorized Representative