



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

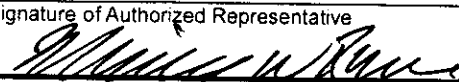
Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 112435		2. Exact name of the Corporation BURKE CARPET CONCEPTS INC			
3. Principal Office Address 47 CUL DE SAC WAY		City RIVERSIDE	State RI	Zip 02915	
4. Business Phone Number 4019427799		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island CARPET SALES AND INSTALLATION					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name MICHAEL W BURKE			Vice-President Name MICHAEL W BURKE		
Street Address 47 CUL DE SAC WAY			Street Address 47 CUL DE SAC WAY		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
Secretary Name MICHAEL W BURKE			Treasurer Name MICHAEL W BURKE		
Street Address 47 CUL DE SAC WAY			Street Address 47 CUL DE SAC WAY		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name MICHAEL W BURKE			Director Name		
Street Address 47 CUL DE SAC WAY			Street Address		
City RIVERSIDE	State RI	Zip 02915	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES CLASS/SERIES PAR VALUE			
		100	COMMON	NO PAR VALUE	
11. 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. 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.					
Name of Authorized Representative MICHAEL W BURKE				Date 8/2/16	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

AUG - 9 2016

FORM 630 - Revised: 05/2016

BY

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