RI SOS Filing Number: 201603331610 Date: 08/09/2016 4:00 PM

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	2. Exact name of the Corporation			
112435	BURKE CARPET CONCEPTS INC			
3. Principal Office Address		City	State	Zip
47 CUL DE SAC WAY		RIVERSIDE	RI	02915
4. Business Phone Number		5. State of Incorporation		
4019427799		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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	COMMON	NO PAR VALUE
Changes require an additional filing.			

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: [signature]

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
BY 10504
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FORM 630 - Revised: 05/2016

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