

	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.00
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040		

ANNUAL REPORT YEAR: <u>2017</u>		
1. Corporate ID No. <u>000002324</u>		
2. Name of Corporation <u>BERK'S STORES INC.</u>		
3. Street Address Principal Business Office:		
No. and Street:	<u>272 THAYER STREET</u>	
City or Town:	<u>PROVIDENCE</u>	State: <u>RI</u> Zip: <u>02906</u> Country: <u>USA</u>
4. Business Phone No.		
<u>4018310174</u>		
5. State of Incorporation		
State: <u>RI</u>		
ARTICLE III		
Using the following NAICS codes, please select the code that best describes your business.		
NAICS Code	<input checked="" type="checkbox"/>	<u>44-45</u>
6. Brief Description of the Character of Business Conducted in Rhode Island		
<u>RETAIL SALE OF MENS AND WOMENS WEAR AND SHOES.</u>		
7. Names and Addresses of the Officers and Directors:		BY <u>4070205</u>
All officers and directors must be listed. If officers and/or directors have been elected, the title incorporator is no longer applicable; please delete.		
Title	Individual Name <small>First, Middle, Last, Suffix</small>	Address <small>Address, City or Town, State, Zip Code, Country</small>
PRESIDENT	STEPHEN BERK	272 THAYER STREET PROVIDENCE, RI 02906 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized	Total Issued and
			Shares <i>Number of Shares</i>	Outstanding <i>Num of Shares</i>
PWP		\$1,000.0000	150.00	128.00
CNP		\$0.0000	9,600.00	721.00

9. 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.

The Department of State tracks the number of new business filings on a quarterly and annual basis. By answering the following three voluntary questions, you will help us better present useful trends and information on the health of our economy.

1. (Select all that apply) - Does the business owner self-identify as any of the following:

- Woman
- Veteran
- Disabled
- Member of a socially and economically disadvantaged group (i.e., as defined under the US Small Business Administration's 8(a) Program: Black, Hispanic, Native American, Asian Pacific or Subcontinent Asian American)

2. How many full time employees does the business have:

- 0-5
- 6-50
- 51-200
- 201-500
- Over 500

3. What are the gross revenues for the business for the past year:

- \$0 - \$50,000
- \$51,000 - \$250,000
- \$251,000 - \$500,000
- \$501,000 - \$1,000,000
- Over \$1,000,000

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Stephen Berk

Business Name: Berk's Stores Inc.

No. and Street: 272 Thayer St.

City or Town: Providence

State: RI

Zip: 02906

Country: USA

Contact Phone: _____

Contact Email: _____@_____ .m

FILED

JAN 13 2017

BY 40702 OS

BD 2324

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 11 Day of January, 2017 at 8:16:19 AM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By Stephen Berk
Signature of Authorized Representative of the Corporation

Make Corrections

Accept

Form No. 630
Revised 09/07

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