Annual Report for the year:  Limited Liability Company  Filing period: September 1 - November 1  Filing Fee: \$50.00  Penalty: Additional \$25.00 fee if form is not filed by December 1.  1. Entity ID Number  Allen & Burke Construction, LLC  3. NAICS Code 23 - Construction  Industrial / commercial general contracting services  5. State of Formation  MA  City  State  Zip	State of Rhode Islan  Department of			ces Division	_	· · · · · · · · · · · · · · · · · · ·	
imited Liability Company  → Filing Period: September 1 - November 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by December 1.  1. Entity ID Number  4. Entity ID Number  4. Sexact name of the Limited Liability Company  4. Brief description of the character of business conducted in Rhode Island  7. Malling Address of Limited Liability Company and Name or Title of Contact Title Member  Street Address 37 Warehouse Street  City Springfield  State Man Zip 01118  8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name  Manager Name  Street Address  City State Zip City State Zip City State Zip  Check the box to indicate an attach  Ponal Address Street Address  City State Zip City State Zip Check the box to indicate an attach  Ponal Address Character and affirm that I have examined this report, Including any accompanying schedules and statements, and that all statements contained herein are true and correct.  Date Signature of Authorized Person  Date Signature of Authorized Person  Date Signature of Authorized Person	MOPE						
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Springfield MA 01118  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name John Burke  Street Address 37 Warehouse Street  8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name  Manager Name  Street Address  City State Zip City State Zip  Manager Name  Street Address  City State Zip  Check the box to indicate an attach  2. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.  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 Person  John Burke  Signature of Authorized Person	MA						
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Manager Name  Street Address  City  State  Zip  City  Manager Name  Manager Name  Manager Name  Manager Name  Street Address  Street Address  City  State  Zip  City  State  Zip  Check the box to indicate an attach  Check the box to i	Street Address 37 Warehouse	Street		City Springfield	State MA	<sup>Zip</sup> 01118	
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Name of Authorized Person  John Burke  Signature of Authorized Person	Under penalty of perjury, I destatements, and that all state	eclare and afferments conta	firm that I have ex- ined herein are tri	amined this report, including we and correct	g any accompanying	schedules and	
Signature of Authorized Person					Date		
Signature of Authorized Person  SIZN DOCUMENT HERE	John Burke				9/14/2016		
	Signature of Authorized Person	7	MSAND	DOUMENT HERE			
AIL TO:	All TO:						

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

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